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Studies in Mental Inefficiency

MANAGED BY THE
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- (i.) To form a Central Committee representative of administrative, educational and social bodies directly or indirectly concerned with the care of defectives, and to arouse interest in the problem of mental deficiency.
- (ii.) To make provision for and assist in the training of teachers, visitors, social workers and others interested in the care of defectives.
- (iii.) To form Local Associations, in the different local government areas, for the home care of defectives.
- (iv.) To assist and advise in individual cases of defect in areas where there are no Local Associations.

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STUDIES in MENTAL INEFFICIENCY

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Foreword.

BY G. E. SHUTTLEWORTH, B.A., M.D., etc.

Fellow of King's College, London; Vice-President, C.A.M.D., N.A.F.M.,
and Child Study Society, London; Consulting Physician, formerly
Medical Superintendent, Royal Albert Institution, Lancaster, etc.

THE promoters of this new periodical having honoured me with the request that I should supply a few prefatory words for its opening number, I tackle the task with a deep sense of my own "mental inefficiency" for the purpose. The only reason I can conceive for having been thus honoured is the fact that for the chief part of my professional life (now extending beyond half a century) my lot has been cast amongst mental defectives in Institutions, Schools or in private care. I have therefore had the opportunity of taking part in successive developments of the problem how best to deal with the subnormal child and adult, and I may perhaps be pardoned for inflicting on my readers some retrospective reminiscences.

Fifty years ago, when I became interested in the subject, philanthropists in this country, impressed by the success which had attended the efforts of continental workers, such as Itard, Séguin, Saegert, Guggenbühl and others during the first half of the nineteenth century to ameliorate the conditions of various

classes of defective children, had established on charitable foundations four residential Institutions for 'idiots and imbeciles' in England, and a fifth was in course of organisation at Lancaster. Two were also in existence in Scotland, and one near Dublin. Later the Metropolitan Asylums Board established three large rate-aided Institutions respectively for adult and juvenile imbeciles. Though the early anticipations of the founders of these Institutions as to the results of training were somewhat more sanguine than subsequent experience proved to be practicable, there can be no doubt that they have accomplished most excellent work and have enlisted influential public interest in the amelioration of the degraded condition of the mentally defective class.

Owing largely to the object lessons thus afforded, Education Authorities, charged by the Act of 1876 with the training of all types of children in the public elementary schools, interested themselves in improved methods of dealing with those who proved unfit for the ordinary curriculum. Progressive authorities, such as those of Leicester and London, drew up schemes of their own and opened "Special Schools" for the laggards as early as 1892. This was followed by the appointment by the then Education Department of an official enquiry on the subject, the result of which was the passing of the Defective and Epileptic Children's Education Act of 1899.

Unfortunately both Voluntary Institutions (in the main) and Special Schools dealt with mental defectives only for a term of years, but the need of permanent care in the majority of cases soon asserted itself, and various homes and other benevolent organisations with this object were gradually established. It was speedily found that the vast extent of the needed aid could not be overtaken by unassisted local and charitable agencies, and after the comprehensive Report of the Royal Commission on the Feeble-minded, the Government were at length induced to take up the question, with the result of the passing of the Mental Deficiency Act in 1913 and of a measure supplementing the Act for the Education of Defective and Epileptic Children in the following year.

Space will not permit discussion of the far-reaching consequences of this legislation and its national importance from the educational, industrial, sociological and racial points of view. To attain the desired benefit the Acts relating to Mental Defectives must be efficiently carried out, and this will require an army of well equipped workers, both official and voluntary. The C.A.M.D. and kindred societies have already rendered signal services in bringing together workers for this cause in various capacities and co-ordinating their efforts for the welfare of Mental Defectives. Scientists, teachers, officials and social workers will doubtless appreciate the opportunities of mutual information which the new publication opens up to them. Let all interested in any branch of the subject aid the venture not only by their financial but by their scientific, scholastic or sociological contributions, and thus may "*Studies in Mental Inefficiency*," like Mercy, grow to be "twice blest" as "It blesseth him that gives, and him that takes."

Editorial.

[The Council of the Central Association for the Care of the Mentally Defective do not hold themselves responsible for the opinions of their contributors.]

THE Council of the Central Association for the Care of the Mentally Defective agreed on November 28th, 1919, to issue a paper to be called "Studies in Mental Inefficiency," especially designed to meet the long felt want of some means of communication between the various branches of work for the Mentally Defective.

The Editors feel that at the outset it will be extremely difficult to meet the needs of the very varied interests concerned. They would therefore welcome any suggestions which will make the paper more helpful to individual readers or groups of readers.

They would also be glad to receive questions on points covering special departments of the work such as administrative problems, legal difficulties, or queries on the staffing and equipment of Institutions. The questions will be answered by experts or after consultation with experts.

It is most important that the Paper should draw attention to any developments in any branches of work for defectives. The Editors therefore would be most grateful for information to be included under "News and Notes." Reports of individual cases raising special diagnostic and legal difficulties would probably be of interest to readers.

The Central Association have often been consulted about the possibility of arranging a course of directed reading for teachers and others interested in the care of the mentally defective, who wish to keep in touch with the most modern literature on subjects bearing directly or indirectly on mental deficiency.

The Editors feel that this paper might very usefully serve as a medium for such a study circle and would be prepared to consider the possibility of arranging a course of reading if there seemed to be a sufficient demand. They would therefore be glad to have the views of subscribers on this matter.

It has not been possible to secure advertisements for the first number, owing to the very limited time between the decision to issue "Studies in Mental Inefficiency" and going to press. The Editors however, will be glad to receive advertisements for insertion in the next issue. All communications as to advertisement rates, etc., should be addressed to the "Advertisement Manager," C.A.M.D., Queen Anne's Chambers, Tothill Street, S.W.1.

It will only be possible to make the paper a success if the Council of the Central Association for the Care of the Mentally Defective receive the co-operation of all interested in work for defectives, not only by making the paper known and securing subscribers but also by supplying information which will be of general interest.

Moral Defectives.

BY A. F. TREGOLD, M.D., F.R.S.ED.

MORAL Defectives are those persons who repeatedly commit acts of vice or crime in consequence of a defect of their minds. In other words they are persons whose misconduct is not due to what is generally known as "badness," but to what, in the broad sense, may be comprehended within the term "madness." It is obvious that such a condition is one of extreme importance, and experience has shewn that it is also attended with very great difficulties. Indeed it is not too much to say that moral defectives present diagnostic, administrative and social problems of far greater magnitude than do any other class coming within the purview of the worker in Mental Deficiency. This being the case it is hoped that the following account may be of service, although it is impossible in the compass of a short article to give more than a brief outline of the subject.*

Moral Defectives are persons in whom there is a defect of moral sense. But a defect of moral sense need not, of necessity, give rise to misconduct. For this to happen there must be a defect of something else as well, and in order to make this clear it is necessary to allude to the chief mental factors which are concerned in misconduct.

It is now generally recognised that the mainspring of most, if not all, human conduct (using the word conduct to denote, not isolated acts, but a series of connected acts directed towards the accomplishment of definite ends) is to be found in certain instincts or impulses. These instincts are numerous, and many of them date from early human origins, and are therefore deeply ingrained. There is, for instance, the sexual instinct, which is obviously essential to the perpetuation of the species. There is the self-preservative instinct, which makes for the same end by safeguarding the life of the individual. There is the acquisitive instinct, which indirectly operates in a similar direction by increasing the possessions and thereby the power and safety of the individual. Originally, these instincts were no sooner aroused than immediate action resulted. The sexual instinct led to rape and promiscuous sexual intercourse; the self preservative to assault and homicide; the acquisitive to theft and robbery. Even to-day in many barbarous races we find these primitive instincts still manifesting themselves in their original primitive way, that is, in immediate action regardless of any secondary consideration. As the race evolved, however, it began to be appreciated that immediate action of this kind, instead of being to the advantage, might be to the detriment of the individual and the tribe. It might be more advantageous in certain circumstances to postpone action, and hence *wisdom* began to play a part in the ruling of conduct; its chief effect being to produce

* A fuller account will be found in the Author's book on Mental Deficiency, 3rd Edition, now in the Press.

a present self denial for the sake of a future increased advantage. The recognition of this advantage gradually led to the feeling that it was the duty of the individual to check certain of these primitive instincts to action, in other words to the conception of family and tribal obligation, and out of this there was gradually evolved what we now know as *moral* or *social* sense.

We may therefore regard moral sense as that faculty of mind by which a person appreciates the current standards of right and wrong, by which he realizes the conception of social obligation, of honour and honesty, of chivalry and forbearance, by which, in short, he appreciates that the individual is no longer paramount, but that the rights of others must be considered. It has thus come about that, although mankind is still impelled to definite ends as formerly (for these ends are fundamental to the perpetuation of the race), the mode by which these ends are now attained has undergone a profound modification.

Among civilized peoples the sexual instinct is no longer manifested in rape and promiscuous intercourse, but within the bonds of wedlock. The self preservative instinct no longer expresses itself in assault and the slaying of our opponent, but in forbearance, or if this is impossible, in legal process. The acquisitive instinct, whilst still operative, is restrained within the rules of the game and the law of the land.

There can be no doubt that the growth of civilisation is chiefly, if not entirely due to this development of moral sense; for its effect is not merely to check the crude manifestations of these primitive instincts, but, by furnishing man with moral and social ideals, itself to act as an impulse to moral conduct. In other words it is not merely passive and prohibitive, it is an incentive to action. The faculty of wisdom also, by checking immediate action and developing deliberation, has similarly conduced to the evolution of our present day civilisation.

Now certain persons exist in whom moral sense is defective. In some this may be of the nature of a temporary disturbance. Strictly speaking these are examples of insanity and not true defect. In others moral sense may never have developed owing to a pernicious environment and the absence of proper training; in these moral sense may be developed under suitable training. In other instances moral sense is defective because the individuals are fundamentally lacking in the capacity for its development, there is a true innate defect of a portion of mind, and such cases are incurable. But, although such an individual may have no real appreciation of the rights of others and no real sense of honour or honesty, his wisdom may nevertheless cause him to realize that "honesty is the best policy," that punishment and personal disadvantage will follow transgression; hence, although he may not be a force for good, he is restrained by his intellect within the moral and legal codes, and he is not *persistently* immoral or criminal. Should it happen, however, that along with defect of moral sense there is a defect of wisdom, then he is deprived of all restraining influence. He not only has no conception of wrong, but he does not

realize the disadvantages of wrong doing; his primitive instincts will be entirely unchecked, he will be incapable of conforming to the moral and legal standards of the community, and he will be a persistent and incorrigible criminal.

This combined defect of moral sense and of wisdom occurs in two types of persons: firstly, in those who are mentally defective as this term is ordinarily understood; secondly, in those who are not mentally deficient within the ordinary conception of the term. Both these classes come within the term "moral defectives," and both of them, as I shall show, come within the scope of the Mental Deficiency Act. I will deal with each class separately.

The first class calls for but little notice. It consists of individuals, who, in addition to being defective in moral sense and wisdom, are also defective in ordinary intelligence. In other words they are imbeciles or feeble-minded persons, who are persistently vicious or criminal. They conform to, and can readily be certified under, one of the definitions of the Mental Deficiency Act, that is, as imbeciles, or feeble-minded.

The second class calls for more consideration. It consists of those persons who are defective in moral sense and wisdom, but not defective in ordinary intelligence. It is the class known as *Moral Imbeciles* and officially defined as those "persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

Now experience has shewn me that there is no class coming within the scope of the Mental Deficiency Act, which presents greater difficulty to the social worker, the medical man and the lawyer, than does this one. Again and again I have been consulted with regard to persons who have shewn evidence of mental defect from an early age, whose conduct has been persistently vicious and criminal and undeterred by punishment, whom I regarded as undoubtedly certifiable under the Act, and yet whom physicians and magistrates had found themselves unable to certify. I believe the reason of this lies in a faulty appreciation of the definition, and more particularly, in a misconception as to what is meant by "mental defect," I will therefore endeavour to make these points clear.

At the outset I wish to emphasize the point that if the mental defect of the moral imbecile were similar to that of the ordinary imbecile or feeble-minded person, there would have been no need of a separate definition, for they could have been certified as imbecile or feeble-minded under the Act.

The fact that a new definition was introduced clearly shews that the intention was to legislate for a different type altogether, that is for persons who would not ordinarily be regarded as certifiable under the other definitions in the Act. This intention has been made quite clear by Dr. Mercier, who framed the definition, and it is obviously of great importance. Nevertheless I find it is hardly ever appreciated.

Moral Imbeciles are certainly neither "imbecile" nor "feeble-minded" in the ordinary acceptance of these terms, nor are they lacking in ordinary intel-

ligence. They learn readily at school, they may even be brilliant in some subjects. They have a good store of ideas, a good knowledge of ordinary topics and can often talk plausibly and well about current events. They can even argue upon abstruse subjects. They are not lacking in wit and they are often apt and quick at repartee. As measured by Binet-Simon tests they are usually by no means backward. Wherein, then, lies the defect?

It may not be unnecessary to point out that the definition does not say defect of intelligence, but *mental defect*, and this is of very great importance. For Mind includes much more than mere intelligence, it includes moral sense, it also includes that higher controlling faculty which we call wisdom, and defect of these faculties is a true mental defect within the meaning of the definition. I believe that it is the failure to realize this which is the chief stumbling block in the diagnosis and certification of these cases.

The moral imbecile is one who is defective in these two faculties of mind. In the first place, he has no conception of any social or moral obligation. He lies, pilfers, steals, commits fraud or forgery, and is guilty of sexual offences, because these are his primitive instincts and because he is lacking in the faculty to appreciate that they are wrong. He has, in fact, no conception of right or wrong, and he is undeterred by punishment because he cannot conceive why he should be punished. Indeed, his defective moral sense usually causes him to be surprised and indignant when punishment follows his misdeeds.

In the second place, although he is not devoid of ordinary intelligence, and of the ability to adapt his acts to the requirements of the moment, he is lacking in the higher faculty of control and wisdom. He cannot take long views, he cannot check the gratification of his immediate desires for the sake of greater advantage in the future, he cannot even see that it would be to his advantage to so check them.

He is, in fact, as Mercier said, "a clever fool." And often enough he is not so clever as would appear on the surface, for in the commission of his crimes he will neglect some perfectly simple precaution, or be guilty of some gross oversight and bungling which inevitably lead to his speedy detection. The result is that, although he is perpetually committing crimes, he is usually perpetually being caught, he derives only the most fleeting advantage from his misdeeds, and his life is one long record of failure.

If it be borne in mind that the characteristic of the moral imbecile is not a defect of ordinary intelligence, but a defect of moral sense and of wisdom, I am convinced that the difficulty hitherto experienced in diagnosing and dealing with these cases will be greatly reduced. There are, however, some other terms of the definition and to these I may briefly allude.

The mental defect must be *permanent*. As I have already remarked, the faculties of moral sense and wisdom may become disordered, and this condition is often temporary and curable. Further, the development of these faculties may be delayed, either in consequence of natural causes or as a result of unsatisfactory upbringing, and this again may be remedied by suitable training. The use of

the word "permanent" is to ensure that only those cases in which there is a genuine innate and incurable defect should come within the Statute.

The defect must have *existed from an early age*. This again is introduced for the purpose of excluding an acquired perversion or moral insanity. This term must, however, be construed with discretion, for although in most moral imbeciles there will be evidence of mental defect or misconduct from the time when it is first possible to observe conduct, that is from the earliest years of life, it is to be remembered that the primitive impulses to conduct of which we have spoken may not manifest themselves until the person is brought under the stimulus of a wider environment, that is until he is called upon to face the world on his own responsibility, so that in some true moral imbeciles misconduct sufficient to attract attention may not occur until after school years. I have seen several cases of this kind which I should certainly diagnose as moral imbecility. Finally, the criminal propensities must be *undeterred by punishment*. This is not a mere legal distinction, but a qualification of considerable importance, for punishment is undoubtedly a potent factor in differentiating misconduct due to mere badness from that which is the result of mental defect. The person who is deficient in wisdom is undeterred, the one who is not so deficient realizes, by punishment, that his crimes "do not pay." Until we are satisfied, therefore, that the misdeeds of the individual have been met by adequate punishment, we cannot with certainty diagnose defect of mind, and we should certainly not certify. The punishment, however, in my opinion need not be judicial punishment. I consider that adequate punishment inflicted in the orthodox way by a parent or guardian would suffice to satisfy this term of the definition.

It is thus seen that although the Statutory definition of a moral imbecile contains several terms, all of which must be complied with before a person can be certified, these terms are nevertheless complementary to one another, and they combine to define the class with very considerable accuracy. They exclude criminality due to mere badness, for it must be accompanied by mental defect; they exclude criminality due to an acquired derangement of mind, for the mental defect must be permanent and from an early age; they denote a condition which is persistent and incurable, and one which obviously constitutes an exceedingly grave menace to Society.

It is in the highest degree necessary that the condition should be diagnosed, that the Act should be made use of, and that, in the interests of the sufferers themselves, as well as of the community, these unfortunate individuals should be placed under adequate care and control.

It is obvious that there are many other aspects of this important subject which might be discussed. The limited space at my disposal, however, prevents this, and hence I have felt it desirable to confine myself to a brief account of what may be termed the psychology of moral defect. If this results in giving the worker amongst mental defectives a clearer conception of the type my end will have been gained. For once we appreciate what moral imbecility really is, our difficulty in dealing with these persons cannot fail to be greatly lessened.

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Individual Studies, Their Educational Significance.

By LUCY FILDES, B.A.

(Holder of Board of Control Studentship at the Psychological Laboratory, Cambridge).

THERE can be no doubt that one of the main educational problems of the day is to be found in the difficulty experienced in trying to bring many of our children up to the average level of intellectual attainment required by the school. In all schools of the present day there are to be found children, often many children, who, though not mentally defective in the usual sense of that term, since they can cope successfully enough with the ordinary needs and conditions of living even in a complex modern society, are yet unable to compete successfully with their fellows at school. They are 'dull,' 'backward,' 'retarded' in school work, while only too often the result of their school dullness becomes evident in their relation to life outside.

And it is not difficult to see how such conditions arise. The insistence on Compulsory Education (to use that word in its limited sense of receiving School Instruction) and the ever increasing social demand for what such education can give, has, during the last forty years, brought a large mass of mankind under conditions which it had never before been required to face. Successful dealing with these conditions requires the existence of mental capacities of a very special kind. If indeed intelligence is to be considered as the power which makes for 'general adaptability to new problems and conditions of life' we must, it is true, regard such failure to satisfy the conditions involved in school work as failure in intelligence. But, on the other hand, school requirements,—especially in so far as they involve the fundamental arts of reading and writing and the ability to remember facts, on which things, primarily a child's capacity tends to be judged—involve so limited and so specialized a type of mental functioning that it seems hardly fair to regard a child who fails in them, and in them alone, as truly deficient in intelligence.

It may indeed be that the general intelligence of such a child is of a low order. He cannot adapt himself as well as the majority. But, if this is so, he needs all the more help and encouragement in order that he may become a useful member of society. In many cases, however, a low level of general intelligence is not the real cause of the trouble. Frequently the children suffer, not so much from general mental weakness as from special disabilities in certain mental powers,—such disabilities being of the kind which will interfere in particular with their acquirement of School knowledge, especially when the knowledge is conveyed under the ordinary conditions of class teaching.

In considering this problem, we need to bear in mind the extreme complexity of our mental functioning. It seems only too difficult to grasp the fact—a fact of

enormous practical importance for the teacher—that there are very many ways as a rule of doing one thing—and that what appears to be the longest and most tedious path to one individual, may to another be the quickest way of reaching the desired goal.

Given a child with a very poor power of recognition of forms visually presented, it is useless to assert that for him 'reading is essentially a visual act,' especially in its early stages. Nor, given a child with a poor motor memory, can we teach successfully on the assumption that 'writing is a motor process.' The activities of reading and writing are so complex and the processes involved in them so many, that there are countless possibilities of failure for the individual. For, while most individuals can use any or all of the possible processes, there are those who can progress only in one way.

And this fact illustrates two points which must be borne in mind in this connection. We have seen that the backward or dull child may suffer from slight general intellectual deficiency, or from some specific disability, which tends to render difficult the acquirement of one of many forms of school knowledge. It seems clear therefore that what is most needed in such cases is the realization of such specific defects, and also of special abilities—if such exist—as the primary basis of educational work. The child dull generally, and the child with specific failings, both need individual study if the greatest possible help is to come from us to them.

For they, finding the work difficult, need most to have it presented to them in ways which they can best grasp. And this is where the system of class teaching, with its insistence on a uniform result, and its use of a uniform method, fails. Imagine the effect of attempting to teach a child who has a very bad memory for sounds, or a very poor appreciation of sound differences, to read on a phonic method. And imagine still more the feelings of the child when he is expected to keep pace with a class normal in sound appreciation, it is small wonder if he despair of ever learning to read. Or think of the unnecessary difficulties put in the way of a child with a very poor power of form recognition, if he is taught to write on a visual method only.

If, as has been shown to be the case, it is possible in a month to teach a child to write the alphabet from memory on a motor method, after instruction over a period of six years on usual methods had failed to get a correct reproduction of more than two letters, it is surely worth while at the beginning of instruction to try to adapt the methods of teaching to the needs of the child, and so avoid such waste.

Above all, it is perhaps necessary to get away from the idea that any method is in itself right. The rightness or wrongness of a method depends on its success in getting what we want, i.e., it depends on its power to satisfy the psychological needs of the individual concerned. These as we have seen, are not the same or all. It is true that for class teaching, some special method must be chosen, but it is equally true that the greater number of children taught consistently on almost any method will in the end learn what is required of

them. But for those who find the chosen way too hard it may be that another, in itself even a less desirable way, will be the better.

It appears then that what is needed primarily for children of the dull, backward, and retarded type, is individual teaching, and teaching in small selected groups on lines which have been shown to be those along which they can most readily develop. And such teaching is not waste. The waste is to condemn children to sit for hours every day listening to things they cannot grasp, or even to consider as some tend to do, that because they fail under class instruction, they therefore should no longer be taught at all those things in which they have failed—a fatal policy if their failures lie in the instrumental subjects of education. For in such cases the difficulty is not merely that the child has not learnt what was required of him. It is that only too often he has learnt what was not required—to consider himself a failure in the ordinary social order—with the resulting tendency to make a life for himself outside it. Developing no interests in School, and failing to put the powers which he has to any use there, he will either become far more incompetent than he need or will devote his energies to other and often less legitimate employments. He will become either delinquent, or seriously lacking in self-reliance and initiative, tending in either case to be a burden on the community.

It is often argued that such effort, i.e., the effort and time necessary for individual instruction should be devoted to those children more likely to show a good return—viz., to the average or normal child. And it is true that the average child does suffer considerably from class teaching, but it suffers in a different way. The very fact that a child is average and normal means that he has no special disability, and therefore does not need special help in order to enable him to learn what others learn, and to become an individual conscious of his own power. For him the large class is a hindrance, a failure in educational opportunity. But what he needs is not so much individual instruction as the chance for an increased amount of individual work.

Further, it must be borne in mind, that even for the backward, special individual instruction is not of itself sufficient to attain its end; the instruction must be given along lines which the child can follow. It demands as a preliminary what we so sadly lack in our educational practice—i.e., the individual study of the child in the sense of the study of the way in which a given child can and does perform a given piece of work. Without such study, individual teaching may be as useless and wasteful as class teaching. Having the child alone will not enable him to learn on a method which is difficult for him as an individual. The real need is to find his best way. The methods for such finding are many, from the application of special experiments designed to test the existence and power of different mental processes, to the accurate observation of the child's method of attack of the work set before him, and of his relative success when taught on different lines. If, for example, it is possible to teach a boy of fifteen unable to recognize more than a few letters or to read more than two or three two-letter words, to recognize eight words after two

visual presentations of them, accompanied by oral spelling, and moreover to recognize again the words when they are similiarly presented a week later, this surely is a clear indication that auditory presentation of letters and words is in his case desirable. More especially, when it is found that the words learnt by oral spelling together with visual presentation, come in time to be known when presented visually only.

The mental processes which are involved in the apparently simple activity of learning to read, are many and complex. Defect in any one of them may result in an apparent inability to learn, above all when we consider that some methods of teaching reading emphasize one process almost to the exclusion of the others. In a case, therefore, of difficulty in learning to read, a variation of method in accordance with the child's gifts may achieve the end desired; i.e., the child will learn in some way to get meaning from printed symbols. Even the way of oral spelling generally condemned though it be, may in the end prove the shortest and best path. So with writing, other things being equal, it may be better for the child to rely chiefly upon movement in learning to write, but there are children, with whom the motor method will fail, just as there are others who appear able to learn in no other way. And so too, with other matters. To find the child's individual capabilities is always the first stage on the road to success. Such a method requires both knowledge and patient study, but of its ultimate value there can be no doubt.

So far the individual study of a child for the profit of that particular child has been our chief point. But there is yet a further consideration. We know far too little of the mental processes of children in general. As a rule we do not care by what means they learn so long as the learning is done. We construct methods of teaching various subjects, which are logical rather than psychological, making appeal to the adult rational mind, but unfitted to the needs of the child. It is still too true that many children learn in spite of our teaching, that if only we would allow them to learn in their own way, they would get on better than they do with our confusing explanations. Instead of trying to understand, they tend to give us what they think we expect, and are happy when they make a 'good shot' and satisfy us, even though the answer be a mystery to them. They are muddled and confused by excess of teaching and still more by change of teachers, bringing as its inevitable result, contradictory teaching.

One child expressed quite clearly his appreciation of this difficulty when asked why he found reading difficult. He said 'I could read a bit, at my first school. Then I went to a new school, and they taught me a new way, and somehow I got muddled.' On all this confusion, light can only be thrown by actually studying the children as individuals, by finding out how they do things when put in the way of learning and left to themselves to learn, and by helping them to learn in their ways, even though the ways seem less rational than ours.

As has been said, the methods of such study are many. Definite psychological tests will be of great service if used with discrimination and knowledge,

always bearing in mind the fact which Binet makes so clear that the results of such tests are 'useful and interesting only in so far as one grasps the relation between the nature of the individual and the way in which the test is responded to,' i.e., in so far as a test is given, not as an isolated thing to an unknown individual, but as part of a definite study of someone known and in a measure understood. A few such individual studies made on normal children would throw much light on what is most needed in educational method. And even without such special tests how much valuable knowledge gained in the actual practice of teaching is thrown away. A child is handed on from class to class with a record of what he knows, but with no record of how he can best learn, although of that his teacher for the past year must know something and might know much. How much too is lost because no record is kept of actual experiments in individual teaching with their relative success or failure? If only there were more chance of discovering what had been done in dealing with cases of special difficulty, for instance, and with what relative success, a flood of light might be thrown on the vexed question of method.

The result of course could only be what we most need—an increase of knowledge by which we can better help the children. A knowledge of methods of study, a knowledge of the ways by which we learn, and a knowledge of the individual which will help more than anything else, in deciding what he will most successfully be able to do in the future, so as to be as far as possible a help and not a burden to humanity.

News and Notes.

New Certified Institution.

STOKE LYNE INSTITUTION, WITHYCOMBE, DEVON, has been opened by the Devon County Council as a home for the training of boys under 16 who are 'ineducable' in a special school, and have been notified under Section 2 (2) a of the Mental Deficiency Act. The house is a large private house with a good garden; the rooms are well adapted for an Institution of this sort. The Home was opened on August 30th, and the first children received on the 22nd September, 1919. The Committee were fortunate in securing the services of Miss Darlington as Superintendent, who trained under Miss MacDowall. She has had valuable experience with this class of defective, and has already improved the children in a wonderful manner. An attempt is made to teach all the boys their lessons—in one case a boy of 14 has stopped 'lessons' and is learning to be of use about the house, as it was found he did not seem ever likely to learn in this way. Any of the boys who are capable help both in the work of the house and garden—they saw up logs and collect and carry wood, clean the boots, etc.

There is, of course, a great difference in the children's capacities, but each one is encouraged to do what he can to help. The boys have picked up their musical

drill in a surprising manner, and seem to enjoy this thoroughly. One boy who was quite impossible to manage at home, and had therefore to be sent to a Workhouse while waiting to be admitted, is now quiet and obedient, though when he left the Workhouse we were told it would be 'one person's work to look after him.'

New Residential Special School.

Lexden House, Colchester, an old country house standing in some seven acres of ground on the outskirts of Colchester, has been opened as a branch girls' school by the Royal Eastern Counties Institution. Like the parent Institution it is under the Board of Control and the Board of Education so that girls can be admitted under either the Mental Deficiency Act or under the Elementary Education (Epileptic and Defective Children) Acts. There are sixty beds and it is intended that fifty of these shall be occupied by high grade girls of school age and ten by young women between the ages of sixteen and twenty-four who will help with the housework. The ordinary special school subjects are taught and there is a large pleasure and kitchen garden in which all the girls who are strong enough work in turn, a full size playing field which is used for hockey and cricket, and a hand laundry with wash house, ironing and drying rooms, all run by the girls. The school is in charge of a certificated headmistress and there is one certificated assistant mistress, a school attendant, a needlework instructress, and a gardener, in addition to domestic staff. As the girls reach the age of twenty-four they will be transferred to the adult industrial classes at the Royal Institution itself.

Home at Crowborough.

The Executive Committee of the East Sussex Voluntary Association for the Care of the Mentally Defective have just opened a training home at Crowborough for girls between 14-18—the mentally backward and morally weak—who, on leaving school attempt to take situations, but prove incompetent, untrustworthy, or of such a difficult temper that it is impossible to employ them. Several have been brought to the notice of the Association by their parents, to whom they are returned with unsatisfactory characters, and it was thought that some special provision should be made by which they would be given training and kept under discipline for one, or even two years.

The Home is visited by a medical man and by a local Committee affiliated to this Association, so that the girls are kept under observation. A girl who proves herself to be really feeble-minded and unreliable will be dealt with under the Mental Deficiency Act, but those who improve will be sent to carefully chosen situations or drafted to Institutions as workers.

The Home is under the management of a capable and kindly woman who, with an assistant, trains the girls in housework, laundry and plain sewing. There are also facilities for gardening, poultry-keeping and butter-making which can be added later. There is accommodation at present for 10-12 girls.

The scheme is approved by the Board of Control and by the Ministry of

Health, but in order to open it on a satisfactory basis it is necessary to raise the sum of about £250. The parents pay what they can afford, and some help is usually forthcoming from persons interested in individual cases. The Guardians have contributed between £60-£70. It is estimated that the maintenance of each case will cost about 18/- a week.

Lilian Greg Centre.

A centre for children excluded from Elementary and Special Schools was opened (in memory of Miss Lilian Greg) at St. Jude's School, Britannia Street, King's Cross, by a small Voluntary Committee working in co-operation with the London Association.

The objects of the centre are:—

1. To give training to the Children, teaching them self-control and co-ordination in movement, making them happier and more responsible beings.
2. To give relief to the parents.
3. To try new methods of training and to obtain more knowledge of the educational needs of low-grade children.

The Centre is open every morning between 9-30 and 12 and about 14 children attend regularly. Their time is occupied mainly with simple movements and physical exercises and with very easy manual occupations. These are so arranged as to encourage initiative, helpfulness and habits of obedience.

All the children like coming, and often cry so much if kept at home that the parents bring them even in unsuitable weather and at considerable personal inconvenience.

The Centre is in charge of a teacher assisted by voluntary workers. The cost for this small number is roughly about £20 a year per child, at present met by voluntary subscriptions, but the same staff would be sufficient for twenty-five children when the cost would be about £11 4s. a year per head.

In order to obtain information as to what experiments are being tried, a prize is being offered for the best essay on the training of low-grade defectives either in or outside institutions.

For further particulars write to Miss Rathbone, Lilian Greg Centre, Britannia Street, King's Cross.

The Second C.A.M.D. Conference.

The second Conference on the Administration of the Mental Deficiency Act, 1913, was held in the Large Hall, Church House, Westminster, on Friday, November 28th, 1919. The meeting was originally called to the Guildhall, but owing to the large number of applications for tickets, had to be transferred to a larger Hall. Over 1,000 tickets were sent out, and a very large proportion of that number of delegates attended. The delegates were widely representative of Local Authorities (196), Local Education Authorities (168), Poor Law Guardians (219), and all Societies and Organisations dealing with Public Health Matters (475).

Mr. Leslie Scott, K.C., M.P., took the Chair in the morning and Sir W. P. Byrne, K.C.V.O., C.B., Chairman of the Board of Control, presided in the afternoon. The Conference was honoured by the presence of the Rt. Hon. C. Addison, Minister of Health, who addressed the morning session. Dr. Addison expressed his appreciation of the splendid attendance at the Conference, and of the importance and value of all work done in connection with mental deficiency. He promised that he, in his capacity as Minister of Health, would do all in his power to further that work.

Papers dealing with various aspects of work for the mentally defective were read by Dr. Meredith Young, Dr. Auden and Dr. Potts, and Sir William Byrne made an important announcement on the subject of Joint Action by Local Authorities. Discussion followed each principal speaker, but unfortunately the programme was so full that discussion was considerably curtailed. The keen interest shewn by the delegates proved that real concern is now being felt all over the country for the welfare of the mentally defective, and that Authorities generally are anxious for a better and more effective administration of the Mental Deficiency Act.

Many delegates expressed a desire for a longer Conference, and arrangements will be considered for a Conference to last for two and a half days, in November, 1920, when it is hoped much practical and useful work will be done.

Full reports of the Conference, containing all papers, and reports of speeches and discussions, may be obtained from the offices of the C.A.M.D., price 1/6 each or 15/- per dozen, post free.

New Local Associations for the Care of the Mentally Defective.

At the request of the Lancashire Asylums Board, the Central Association for the Care of the Mentally Defective is taking preliminary steps to organise Associations in North Lancashire, Central Lancashire, and South East Lancashire. The Liverpool and District Association which was formed in 1915, will enlarge its area, so that these four Associations will cover the whole area of the County.

For the purpose of the administration of the Lunacy and Mental Deficiency Acts, the whole County of Lancashire, including all the county boroughs is under one Statutory Body, viz: the Lancashire Asylums Board.

The city of Lincoln has now formed an Association. An Organiser was lent by the Central Association for the Care of the Mentally Defective for two months to do the initial work, and to train a Secretary to carry it on.

A Conference between the Mental Deficiency Committee of the Staffordshire County Council and representatives of other Bodies and Societies was held in the County Buildings, Stafford, on December 20th, 1919, with a view to forming a Voluntary Association. Lord Charnwood was in the Chair. Miss Evelyn Fox was present, and gave an outline of the work Voluntary Associations could do for the Local Authority in carrying out some of its duties under the Mental Deficiency Act, and for other Bodies such as Education Committees, Poor Law Guardians, etc., and for defectives for whom no public Authority is responsible, but who are in need of help or advice.

A Resolution was passed to form an Association for the County of Stafford and to approach the County Boroughs in the geographical area as to the possibility of the formation of a joint Association. The Association would consist of representatives of the Mental Deficiency Committees, Education Authorities, Boards of Guardians, County Nursing Associations and other Societies. An Organiser from the C.A.M.D. will be going shortly to Staffordshire to do the preliminary work.

East and West Suffolk, which have a joint Mental Deficiency Committee are forming an Association and have asked for an Organiser.

Steps were taken to form an Association in Portsmouth in the early days of the war, but it had to be postponed. It is, however, now ready to begin work, and an Organiser is going there this month.

Annual Report of the Chief Medical Officer of the Board of Education. (1918).

Sir George Newman in his Report in the Section dealing with Special Schools estimates the number of mentally defective children in England and Wales at 30,800.

The present accommodation in Special Schools is for 15,343, rather less than half the total number of defective children.

National Special Schools Union.

At a General Meeting of the National Special Schools Union, held at the Royal Society of Arts, London, on November 29th last, it was decided to apply to the Board of Trade for a Charter of Incorporation. As soon as the necessary formalities are completed the Council will proceed to the constitution of a Board of Examiners and will then be prepared to issue diplomas to teachers in Special Schools.

Full particulars as to this diploma and as to the membership of the Union which is open to all interested in the work of Special Schools can be obtained of the Hon. Secretary, Mr. J. Hudson, 62 Cranley Gardens, Palmers Green. N.13.

Advisory Committee on the Welfare of the Blind. Ministry of Health.

The above Committee has issued its first Annual Report on the work undertaken by them to March 31st, 1919.

Owing to the absence of any complete system of Registration, the Committee began by the compilation of a register. A case form was sent to all bodies and societies whose activities brought them into touch with the blind, and the results thus obtained classified and tabulated under the following heads :

1. Distribution according to age period and employment.
2. Distribution of employed blind persons according to occupation.
3. Distribution according to Mental or Physical Defects.
4. Distribution of Mental and Physical and blind defectives, according to age periods and employment.

The total number of blind persons in England and Wales, according to this report, is 25,840. Of these 1147 are reported as being also mentally defective, 189 being of school age.

This report lays stress on the urgent need for provision of school accommodation for blind children who are otherwise defective.

We should like to point out that the total accommodation in England and Wales for blind mentally defectives of school age is fifty-one; thirty-nine in a Special School and thirteen in an Approved Home. There is practically no accommodation for adults. A very few certified Institutions for defectives take one or two blind cases, but this is rare.

Advisory Committees for the welfare of the blind, covering the whole geographical area of England and Wales, have been set up so as to be able to supply exact knowledge as to conditions existing in various parts of the country and to advise as to the local requirements of the Blind.

In a Circular of December 16th, 1919, from the Ministry of Health these Committees were asked to communicate with the Local Associations for the Care of the Mentally Defective, as regards the care of blind mentally defectives. A similar letter was also sent by the Central Association for the Care of the Mentally Defective to its local Associations.

Meetings of C.A.M.D.

At the deferred Annual Meeting of the C.A.M.D. held on January 9th, Captain the Lord Elveden, M.P., who had kindly consented to serve, was elected Hon. Treasurer, and the Rt. Hon. A. J. Balfour, M.P., one of the Vice-Presidents of the Association.

It was decided to approach other persons interested in the problem of Mental Deficiency to ask them to become Vice-Presidents.

The Quarterly Meeting of the Executive Council was held on Jan. 9th. Owing to the unavoidable absence of Mr. Leslie Scott, Dr. H. B. Brackenbury took the Chair. A resolution was carried that the C.A.M.D. should arrange a practical course for Medical Officers of Authorities and Institutions subject to such a course being approved by a recognised authority. A special committee was appointed to make further arrangements. The course would consist of lectures, clinical demonstrations, examination of individual cases, etc.

The Finance Committee reported that owing to the urgent necessity to raise funds for the Association, an appeal Secretary had been appointed for a few months. A letter to arouse public sympathy had appeared in the "Times" of Nov. 28th, and a definite appeal for money would be made shortly.

The Education Committee reported that negotiations were still proceeding with the Board of Education with a view to establishing Short Courses on a permanent basis. Owing to the uncertainty of the position it had not been possible to decide where the next Short Course would be. It was their intention however, to hold one if possible next April, and particulars would be issued shortly.

Owing to the very large number of 'borderland' cases which are reported to the C.A.M.D. and its affiliated Associations which are in urgent need of help and advice, a special Committee was appointed in April, 1918, to decide what

action, if any, the C.A.M.D. should take, as regards these cases. There is at present no society or body to advise and assist such persons. This Committee had gone into the matter very thoroughly, so had been unable to present a report earlier to the Council. They suggested that the C.A.M.D., when asked to do so by the Medical Officer of a Clinic dealing with early cases of mental and nervous disorder should be prepared to assist by supplying information about the life and surroundings, and providing the supervision necessary for those cases which the Medical Officer thought could be suitably helped by the visitors of the Association. The Council decided that the C.A.M.D. should undertake this work if requested to do so by the Medical Officers in charge of the Clinics.

Appointment of Speech Superintendent.

The C.A.M.D. have under consideration the appointment of a Speech Superintendent, specially qualified in the correction of Speech defects in mentally defective children who could be employed by institutions, Homes and special Schools for defectives for varying periods from one week upwards. This Superintendent would be prepared to correct the speech of individual children and to give demonstrations and lectures to teachers. Further particulars can be obtained from Miss Evelyn Fox.

Legislation.

119 Mental Deficiency (Amendment) Act, 1919.

The above Act has now passed the House of Commons. Its full title is "An Act to remove the limit imposed by section forty-seven of the Mental Deficiency Act, 1913, and by section thirty-seven of the Mental Deficiency and Lunacy (Scotland) Act, 1913, on the contributions which may be made by the Treasury under those sections, and to extend the powers of district boards of control in Scotland to borrow money."

The limit therefore of £150,000 to the Treasury contribution imposed by Section 47 of the Mental Deficiency Act is now removed.

Asylums and Certified Institutions (Officers Pensions) Act, 1918.

By the above Act Officers in Certified Institutions provided by Local Authorities under the Mental Deficiency Act 1913 are now entitled to pensions under the Asylum Officers Superannuation Act, 1909, as Officers of the Second Class.

School Teachers (Superannuation) Act, 1918.

Service as Certificated and Uncertificated Teachers in Certified Institutions under the Mental Deficiency Act is recognised by the Board of Education for the purposes of superannuation under the Act.

Copies of the above Acts can be obtained from H.M. Stationery Office, Imperial House, Kingsway, London. W.C.

Asylums and Certified Institutions (Officers Pensions) Act. 1918. 1d.

Asylum Officers Superannuation Act. 1909. 1d.

School Teachers (Superannuation) Act. 1918. 2d.

Correspondence.

TO THE EDITOR.

DEAR SIR,

Of late there seems to be a growing interest in the subject of Speech-training generally, and more particularly is that interest being aroused amongst teachers of mentally defective children.

The reason for this, no doubt, is that the teacher of defective children meets in her experience many cases where corrective Speech-training is needed. I should be very grateful if any such teachers would be good enough to let me know what speech defects are commonest amongst the pupils who attend the Schools for Defective and Backward Children.

Are the defects most frequently met with due to :—

(1.) Lack of breath control and a consequent failure to sustain voice? or (2.) to the wrong pronunciation of vowel sounds? or (3.) to the imperfect articulation of consonants?

How many of the children who have faulty speech are aware of their defects, and if so, do they evince any desire to learn to correct them?

Teachers everywhere are working at these problems and are attacking such cases individually. Can we not, by means of an open Correspondence in this paper help each other by an interchange of ideas and of experience as to our methods of dealing with these difficulties?

I am etc.

I. M. GOLDSACK.

Faculty of Education, Manchester

University. December 8th, 1919.

TO THE EDITOR.

DEAR SIR,

May I take the liberty of asking the opinion of your readers, on the "Individual versus the Class method of teaching, as applicable to the work required for Mentally Defective Children."

We want all the help and guidance from the experience of those who have proved either or both methods.

We can only afford to use the method or methods that will develop both the mental and moral character of each child as well as the physical side of his body.

One Authority says:— "Individual work is admirable training in self-confidence and self-control, and the power to work alone." This may apply to the teaching of such subjects as Speech, Number and Hand work, while co-operative work proves of more value in physical culture.

In speech training, the skilled teaching of the individual child strengthens his personality. It is Dr. Montessori, who says, "Clear articulation produces clear thought"; and until the pupil feels he is understood, and has the sympathy of his teacher, great difficulty is found in obtaining the effort. His success with a mechanical toy or a line produced with a piece of chalk, will bring forth an exclamation or remark that simultaneous work will never do.

By taking the beginner by himself, we have a chance of being sure that he is following the instruction, because the rate of progression marches with his ability to proceed. The slow pupil has his own speed; the more active progresses at his more rapid rate.

The function of education is not only to produce the "individual" method; there is the social side which is gained from the "Class or co-operative" method of teaching. This, perhaps, is best seen in the training given in Physical Culture (which includes singing, free play, games).

All children being ready imitators, movements are soon copied; and the slow are inspired to more activity.

Much can be said on both sides, but I do not wish to take up more space.

I am, etc.,

A. H. MARTIN.

N. Junction Street Special School,
Leith, N.B.

2nd December, 1919.

Book Reviews.

○ **THE ENGLISH CONVICT.** New issue with an introduction by Professor Karl Pearson. Published by H.M. Stationery Office. 1919. Price 3s.

The history of the treatment of crime leaves a dark stain on civilisation. In England extraordinary pains have been taken to elicit the facts of crime, particularly as regards its connection with the accused. Little investigation, however, is made into the facts of the prisoner's life and condition. Most guilty persons are treated as fully responsible, sometimes when not responsible at all. The recognition of Mental Defect and an appreciation of the poor physique of many prisoners has led to more rational ideas. The last fifty years have witnessed attempts to correlate Crime and Responsibility; these were usually the work of theorists with an inkling of the truth, who put Theory first, Fact second, if indeed actual facts were recorded.

Two lines of investigation are necessary, one a close enquiry into selected cases, the other a complete investigation of every individual in groups of prisoners, and comparison with samples of the ordinary population. The study of the Individual Delinquent has advanced most in America. The statistical and comparative method, which really comes first, will always be associated with the name of an Englishman, the late Dr. Charles Goring, cut off in his prime. The work under review is a new issue of an abridged edition; its value is enhanced by an Introduction by Professor Karl Pearson. Its moderate size makes it more suitable for many than the larger one. The important facts are recorded in sufficient detail, yet the book remains readable and interesting. No social worker should neglect this contribution to an understanding of Crime.

In Part I. Goring disproves the alleged

existence of a "Physical Criminal Type." In Part II. he establishes the comparative Mental and Physical inferiority of Criminals, and the dangerous fact that they are a product of the most prolific stocks in the community, namely the improvident and the feeble-minded. The influence of the "Force of Circumstance," of Age and Heredity, and Vital Statistics are the subject of other conclusions drawn in this epoch-making book.

W. A. POTTS.

THE MEASUREMENT OF INTELLIGENCE, by Lewis M. Terman. Published by George Harrap & Co. Price 6/-.

This book is very well worth reading by anyone desirous of dealing with the measurement of intelligence. It is probably the most careful and well considered revision of the Binet-Simon Scale that exists up to the present time, and the author, whilst following very closely the general method employed by Binet, at the same time does away with the main difficulties inherent in the Binet Scale. In the Scale as arranged by Terman, for example, the various tests for children of different ages are more closely fitted for those ages. For children below 14 years of age, the tests have been made on the basis of work with 1,000 unselected children—a much larger number than were dealt with by Binet. Again Terman replaces the somewhat misleading concept of mental age, by one of more definite implication—i.e., the intelligence quotient.

The book contains interesting general chapters on the Binet-Simon method, and on the significance of the intelligence quotient. Very detailed instructions are given for applying the tests, and for correcting them, and the diagrams published with the book for use with the tests are clearly arranged, and well printed.

It is possible that the author somewhat overestimates the intellectual aspect of deficiency, and the scale will need some

modification for use with English children of the same ages, especially perhaps in the direction of vocabulary tests.

THE PSYCHOLOGY OF SPECIAL ABILITIES AND DISABILITIES, by Augusta Bronner, Ph.D. Kegan, Paul, Trench, Treubner & Co. Price 10/6.

This book is an interesting contribution to an aspect of the study of Education which has been, so far,—too much neglected.

It is an experimental investigation of the actual capacity of individual children, with a view to suggesting suitable educational treatment. The book is made up almost entirely of case studies, chiefly of children brought before the courts as delinquents, and suggests in many cases, how such delinquency might have been avoided had the needs and disabilities of the children been realised earlier in their careers.

It is sometimes difficult to see how the conclusions have been arrived at with regard to the capacities of the children, but there is no doubt that more work on similar lines would be of great value, especially as a guide to the treatment of children in special schools.

There are some interesting critical comments in the book on the failure of the school system to acquire any useful knowledge of the individual.

THE BOSTON WAY. Plans for the Development of the Individual Child—compiled by the Special Class Teachers of Boston. Published by The Romford Press, Concord, N.H.

This book is a compilation of devices and methods which have been found valuable in the actual practical teaching of children in Special Schools.

Its chief merit lies in the fact that it has been written by the teachers in the Schools themselves, and it offers a variety of suggestions for teaching all those subjects that are ordinarily included in the curriculum of a Special School.

The methods suggested are such as have been proved to be of service, and are the result of considerable experience and careful observation.

The value of the book is increased in that it offers no suggestion as to the relative usefulness of the teaching methods set forth, but leaves the teacher to select from them according to his or her judgment.

It is refreshing to find those engaged in the practical work of special teaching, publishing results by which their fellow workers may profit.

L.G.F.

Recent Publications.

Books.

THE NERVOUS CHILD, by Hector C. Cameron, M.A., M.D. Hodder and Stoughton. 6/-.

THE TRAINING OF MENTALLY DEFECTIVE CHILDREN, by Margaret Macdowall. Local Government Press Co. 3/6.

WAR NEUROSES AND SHELL SHOCK, by F. W. Mott. Oxford Medical Publications. 16/-.

SHELL SHOCK AND ITS LESSONS, by C. Elliot Smith and T. H. Pear. Cassell and Co. 1/6.

MIND AND MEDICINE, by W. H. R. Rivers. Longman, Green and Co. 1/-.

PSYCHO ANALYSIS, by M. K. Bradby. Hodder and Stoughton. Oxford Medical Publications. 8/6.

AUTO-EROTIC PHENOMENA IN ADOLESCENCE, by K. Menzies. H. K. Lewis & Co. 4/6.

MENTAL DISEASE. A Textbook of Psychiatry for medical students and practitioners by R. H. Cole, M.D., F.R.C.P., 2nd edition. University of London Press, Ltd., 18, Warwick Square, E.C.4, 1919. Price 15/-.

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Syllabus.

Jan. 20th, 27th, Feb. 3rd.—Miss Letitia Fair-
field M.D., D.P.H. "Early signs of Men-
tal Deficiency."

Feb. 10th, 17th, 24th.—Mr. Kenneth Rich-
mond. Author of 'Education for Liberty.'
"Problems of Adolescence with special ref-
erence to the Subnormal child."

March 2nd, 9th, 16th.—Miss Lucy Fildes,
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WHO ARE MEMBERS OF THE

Central Association for the Care of the Mentally Defective (Incorporated).

Address to which communications should be addressed.

- Area.*
- BARRY—Miss M. A. RIPPON, 161, Hilton Road, Cadoxton, Barry, Glam.
- BATH—Miss TRIMNELL, Guildhall, Bath.
- BECKENHAM—Mrs. BRAZIL, 42, St. James Avenue, Beckenham, Kent.
- BIRMINGHAM—P. D. INNES, Esq., Education Offices, Council House, Margaret Street, Birmingham.
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* These Associations issue printed reports, which may be obtained from the Secretaries.

STUDIES in MENTAL INEFFICIENCY

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“The Certification of Children of School Age.”

BY F. C. SHRUBSALL, ESQ., M.A., M.D., F.R.C.P.

(Principal Assistant Medical Officer, London County Council.)

ALTHOUGH the existence of mental defect from birth or an early age has been recognised in this country, educational provision for children thus affected only dates from the closing years of the last century.

The Elementary Education (Defective and Epileptic Children) Act, 1899, permitted Local Education Authorities to establish schools for mentally defective children who were above the level of imbeciles but were not merely backward. The certification of children under this act is carried out by medical practitioners specially recognised by the Board of Education for the purpose.

The Mental Deficiency Act, 1913, made it a duty for all Local Education Authorities to ascertain which children in their area were mentally defective and to notify to the Local Control Authority the names of children between the ages of seven and sixteen who were incapable of receiving benefit in a special school or whose presence was detrimental to others. For the purpose of this ascertainment the provisions of the foregoing act were to apply.

The Board of Education require that before the name of any child who is

not an idiot or imbecile or a moral imbecile, is sent from the Local Education Authority to the Local Control Authority they shall be seized of the facts and have given their formal permission; they make the same proviso with regard to any child of whatever mental category who is blind or deaf within the meaning of the Education Act of 1893.

The Elementary Education (Defective and Epileptic Children) Act, 1914, made obligatory on Local Education Authorities suitable provision for the education of defectives between the ages of seven and sixteen and, within certain financial limitations, allowed the provision of residential school accommodation.

The parents' interests are safeguarded by provisions that they shall be consulted and that a child shall not be sent to a school not within reach of the child's residence, or to a boarding school without the consent of the parents in writing, unless it be shown to the satisfaction of a court that such consent is unreasonably withheld, such consent not to be deemed to be unreasonably withheld if this is with a bona fide intent to benefit the child. It is also provided that the certifying medical practitioner shall, if directed by the Local Education Authority or if requested by the parent, consult with the head teacher of any school the child may have attended before he gives his certificate. A copy of any report made by the teacher is to be sent to the Local Education Authority. If a court refuse to make an order sending a child brought before them to a school, they shall award costs to the parent unless for good cause it shall otherwise order. Should a child be discharged from a special school as no longer defective the certificate shall be returned to the parent and not received in evidence in any legal proceedings without the consent of the child or its parent.

The chief work of a Certifying Officer acting for an Education Authority is therefore to determine whether a child is defective at all and not merely backward, and if defective, whether not being imbecile or idiot he is educable in a special school. The composite nature of the diagnosis involved has been more completely recognised abroad, where the examination is conducted by a commission which includes an inspector and the rector of the school in addition to the medical officer. It was the usual practice in this country under the Act of 1899 for the teacher of the special school and the class teacher, or less often the head teacher of the school the supposed defective had attended, to be present at the statutory examination so that the decision could be made by the medical officer in consultation. Clearly some such procedure, though possibly only in the form of written reports, is contemplated by the Act of 1914. Wherever possible, personal consultation is a great advantage. In any case a statement as to the abilities of any child under observation should be received from the head by the medical officer as, though he alone is responsible for the final decision, it is only right that the fact of failure to profit by the education provided should be certified by the teacher as the member of the profession primarily concerned.

The preliminary question of the existence of scholastic retardation having

been established the next step is an investigation into the cause and the probability of permanence of the condition. Mental deficiency is only a small factor relatively to the total. Though hereditary limitation of educational ability is common, physical defects and absence due to illness are responsible for about a quarter of the cases, and truancy, constant change of school, and bad home conditions for rather more than a quarter. Information on these points is essential for the certifying medical officer who must make large allowances, especially in cases of illness and malnutrition. The form of nomination for special examination in general use is one approved by the Board of Education which gives information as to:—

1. The duration and regularity of school attendance.
2. The habits of the child; whether cleanly, obedient, mischievous, spiteful, etc.
3. The capacity of the child as to reading, writing, calculation, drawing, memory and rhythm.
4. Any other information.

Where necessary, further information may be obtained from the attendance officer or from the Care Committee, who are probably well acquainted with the family. The capacity is usually estimated in grades and standards and the child is expected to advance, on an average, a standard a year from Standard I. at $6\frac{1}{2}$ to Standard VII. between 13 and 14.

The ordinary educational curriculum provides that a child in the lowest grade of the Infant School shall commence to learn the letters of the alphabet, in Grade II., these are combined in two and three letter words. In Grade III., the infant reader contains such sentences as "The dog is my pet," "It is a bad pig to put its foot in the mud." In Standard I. Readers, such phrases as "Nell put on her cloak and bonnet and went for a walk" occur. A rather easy Standard II. reading would be such as "In a cottage outside a wood, a little girl lived with her parents."

In arithmetic the children in the lower grades learn the meaning of number proceeding to the decomposition of numbers, i.e., six is two threes or three twos. In the standards they proceed to written numerical work, first of addition and subtraction of units then of tens and gradually passing to higher rules.

Writing begins in the Infants' School by copying and then transcription, by the time the child passes to the Standards in the senior school, the writing of simple two or three letter words from dictation is usual.

A child is usually promoted from the infants' department at $6\frac{1}{2}$, retention till seven being possible if there is a standard in the infants' school, or till eight if there is a standard II. It is at the time of transfer that children most usually attract attention to their backwardness. In some areas the question of promotions is dealt with by the head teachers of the infants and senior departments in consultation with the inspector.

This consultation might well form the basis for a conference to include the

medical officer which might serve for the purpose of a preliminary or even for the statutory examination. The term backward is not defined in the Education Acts, but as the Board of Education require returns to be made of children who are two and three years respectively behind the normal, it may be presumed these are the backward children and prospective candidates for admission. It would be very desirable that all backward children should receive a special medical inspection to ascertain the presence of any defect of vision or hearing which may be keeping them partially out of touch with their environment, any cause of ill health which may be lowering mental as well as physical tone, and that any such should be treated prior to the statutory examination.

Unless he has already made such an examination this must be one of the first tasks of the certifying officer, who, if he finds such defects would be well advised to link the child in the appropriate manner for treatment and refer him back meanwhile for a further period in the ordinary school, unless he finds evidence of deep defect. The distinction between the merely backward and the mentally defective child is presumably that the former would make steady progress, albeit not at the normal rate, in large classes being likely ultimately to attain to say Standard IV., while the latter would always need more individual attention and special methods. Educability depends not only on certain general attributes called general intelligence, but also on certain special aptitudes. Normal individuals show a wide range of variation, in accordance with the laws of probability, both in general and special aptitudes but it has long been noted that great irregularity of mental development is a characteristic of defectives of all grades.

Failure in certain special aptitudes is to be found in all classes of the community, including those of the highest mental grade. When the failure is in something of little social importance such as music or drawing it may pass unnoticed, or at the most the individual is said to have no talent in some direction, when the missing aptitude is of social importance it may attract even undue attention at an early stage. Similarly the possession of some special aptitude of social value may enable a genuine defective to maintain a position in the world.

Under present conditions the presence of some aptitude in handling linguistic and numerical symbols is postulated before a child can be educated in ordinary schools, though latterly a somewhat greater use of manual dexterities has been introduced. The child who cannot read, write or calculate is certain to be brought for examination. Some evidence on these points will be submitted by the teacher and this will be checked to a considerable extent in the course of the examination. Such a child is unquestionably defective in the sense of the definition of feebleness of mind applicable to children, i.e., that they are incapable of education in ordinary schools. But it by no means follows that the child who fails because of mal-development of some special educational aptitude, though undoubtedly deviating from the bulk of his fellows in certain mental traits, may

not prove acceptable in the world however much he may need special education. Far more important is the degree of development of the powers of reasoning out problems of daily and social life, and in this connection it is interesting to note that the definition in the German code of Common Law of imbecility (under which our feeble-minded would be included), is inability to consider the consequences of acts. Assessment of this ability by tests appropriate to the age of the child is really the whole matter for examination. In adult life the feeble-minded are those who, apart from physical defects, show normal possibilities of activity, a moderate development of the cognitive and affective mechanisms, but fall short in the higher powers of generalization and control, having perhaps reason enough for their individual guidance but not enough for their social relations. In proportion the same holds good for children bearing in mind their normal social environment is the school; those who cannot care for themselves individually in due proportion for their age would be classed as imbecile or idiot, those who can fend for themselves but are incapable of competing with their normal fellows in the lower classes of a school need special instruction.

The general lines of the necessary medical examination are laid down in the report, 306. M. or Schedule F., required to be submitted to the Board of Education in connection with any case referred to that body, and which sets the form of record required to be kept at a special school. This asks for information on the family and personal history of the child, the physical condition including any stigmata or defects of the special senses. Under mental conditions it requires data as to:—

(a) The reactions of the Motor Mechanism :

Including the power of executing movements from imitation or command, and signs of incompetence or instability, or any disturbance as tremors, fits or paralysis.

(b) Reactions from sensory stimuli :

Including the attention to and perception of colour, shape, size, smell. The formation of memory images as shown by the recognition or recollection of objects, sounds, etc. The association of ideas, judgment of ideas, judgment of length, etc., recognition or recollection of similarity, contrast, etc., between objects, general concepts.

(c) Emotional conditions.

(d) Tests of intelligence :

Including the description of pictures, objects, etc., reading, counting, manipulation of numbers and simple money values, writing and manual tests.

(e) Mental age as estimated on the Binet Simon Scale.

(f) Will Power as tested during the foregoing.

(g) Other Moral Characteristics.

The Board of Education recommend that the Binet Simon Tests should be

used for the purpose of assessment of intelligence, and in the course of working through these the answers to most of the questions in the schedule will be obtained with the possible exception of those relating to interest or emotional conditions, though even as to these much evidence will have arisen incidentally. A description of these tests would take up too much space, so the reader may be referred to one of the many books in which they are set out in detail. The Certifying Officer must recollect that tests are simply performances to order on the basis of which he may make a quantitative estimate as to how far the individual falls short of the normal standard for his age, the diagnosis of the nature of the defect must rest on the psychological acumen of the observer. It is essential that good relations be established at an early period between observer and child so that it is as often profitable to begin by letting the child have a book or picture to look at while some of the history is obtained from the parent.

A deficiency of two years on the Binet Scale up to the age of eight, or three years up to twelve, and four years above that age, is usually accepted as the limit between the intelligence suitable to an ordinary school and that qualifying for special instruction, but this must always be checked by evidence of attainments and general behaviour or street knowledge.

While this represents the general relation between the results of the application of the Binet Tests and the probable determination with regard to education, it must be borne in mind that the important point is not the actual result, pass or failure, so much as the behaviour of the child with regard to each test. The total result may give an expression of mental age, the behaviour may show lack of attention, of co-ordination, memory, etc. Emotional conditions are important and may lead to a postponement of the examination or a temporary reference back to school and subsequent re-examination.

A child who could pass tests for age eight, and do work up to Standard II., would not be likely to be deemed fit for a special school even at the age of ten unless there were other evidences of failure. A child of ten who failed at eight and could only just do Standard I. work would probably be sent to a special school if the evidence showed he had had a favourable trial in an ordinary school. One who could pass at eight but not do more than Standard I. work would probably be referred for special teaching in a backward class if such existed. At eight, a child who could not pass the tests for seven and only know up to a few two letter words and also showed deficiency in number would probably be sent if there was evidence of weakness in attention or association. If better in either number or reading, he would probably be referred back for a time.

If he failed the six tests he would probably be sent to a special school if he had had a reasonable chance beforehand.

A seven year old who failed some five tests and most six tests and was unable to tell the letters or to count would probably be sent to a special school, particularly if there was other suggestive evidence of deficiency.

A child at seven who cannot pass the three year old tests, whose attention

can scarcely be held, and who shows a constant restlessness, cannot be educated in a special school, though he may be again re-examined at a later date.

Most children seen at the age of 7—8, who have not previously been tried in an infants' department, prove to have a mentality of three years or less. They sometimes know their name and a few common objects, but it is a very usual experience to get no response. In such cases it is not unusual to see them on two occasions, at an interval of some months, before terming them imbecile.

When they have been in an infant school and there is a history of complete failure to take interest in any school work, of vegetative placidity or restless wandering, the task is easier and a diagnosis can be given at one examination.

In general it may be said any child up to eight who could do some four year old tests and up to ten who could do some five year old tests would be given a trial in school.

Children excluded from a special school as imbecile after trial are those who have made no progress or inappreciable progress after a considerable trial. In few cases have they learnt more than two-letter words, most are uncertain of letters. They have usually failed to learn to do more than count units, if indeed they have attained to this. Their mental age usually shows some five or more years retardation and their basal Binet age, i.e., the age for which they can pass all the tests, appears in the majority of instances to be unchanged or perhaps to have risen one year in several years' school attendance. The responses to higher years may vary. No child should be excluded as long as either the Medical Officer or the teacher is satisfied that definite, even though slow, educational progress is being made. When such progress is limited to acquiring slight habits of order and obedience it is doubtful if it would be held to justify the cost of special school education, particularly if retention meant the exclusion of some child who could derive greater benefit.

In broad outline, the conditions under which children are returned from a special to an ordinary school may be stated to be that they have made such advances in the special school that they seem likely to have a chance to make good in the ordinary school. This would usually mean that their attainments were such that they could undertake work in the second or higher standard, that their retardation, as measured by a graduated scale, was not more than two years up to the age of twelve, and above that they shewed a mental age at least equal to ten; that definite progress was being made in all the mental faculties required for such school life, and that they shewed a reasonable amount of school knowledge and power to fend for themselves.

While it is clear a child cannot be retained in a special school, should such improvement have occurred as to render attendance thereat no longer enforceable, it is well in weighing the evidence to consider that the child would return to a low Standard, among much younger children, and might possibly lose in large measure the manual training which has probably helped his recovery, since such is usually provided only for those in the higher standards of the ordinary school.

Much must depend on the possibilities of the locality. Wherever possible, a consultation of the matter with the head teachers of the special and ordinary school is most desirable. Unless the latter is willing, voluntarily, to take the child, he is scarcely likely to afford the sympathetic oversight needed at the commencement of normal school life. In case of doubt or dispute as to whether a child is still certifiable, the final court of appeal on the question of fact of deficiency is the Board of Education.

Towards the end of the school period the question of suitability for employment and life in the world has to be considered. It is the duty of every Local Education Authority to notify the name of any child leaving a special school to the Local Control Authority, should there be any circumstances which would justify guardianship or institutional care. Every case, then, must be reviewed on approaching the age of sixteen, from the standpoint of social efficiency. Reading can largely be ignored and the decision based on the general adaptability as in the case of adults. The diagnosis of feebleness of mind should be made on failure to carry out such tasks or to follow such instructions as might be received in daily life. Ability to tell the time; to understand simple money values; to remember instructions; to perform simple manual tasks without constant repetition of the instructions; some reason, foresight and power of profiting from mistakes in dealing with a problem such as opening a box, completing a more complex form-board or a picture, are of importance. The question as to notification to the Local Control Authority must largely depend on the evidence as to school and out of school behaviour, the home circumstances, prospects of employment and the like. The information is rarely available at first hand to the certifying officer but comes from Teachers, Care Committees, After Care Workers, Attendance Officers and the like. It would not appear that the evidence available need be sufficiently strong to enable the Local Control Authority to prove that any withholding of consent was unreasonable, though any evidence in support of the view that the case might come under this category should be recorded.

Notes about Institutions for Defectives.

F. DOUGLAS TURNER M.B. (Lond.) etc.

I am of opinion that the amount of Institution accommodation that will be required in the future is much larger than is generally recognised. My experience as a specialist in seeing patients in their own homes for the Essex Mental Deficiency Committee has shown me the very large number of defectives in one County alone that need and should have Institution care.

I believe that large Institutions taking all grades of mental defect from the

lowest idiot to the highest type of feeble-minded are the only way of dealing with defectives. The cases would necessarily be classified according to their mental capacity in different blocks of buildings. The small homes have done admirable work at small expense, and have helped considerably in making some provision for defectives, but it is to be remembered that few of them took low grade cases. When, however, a public authority is dealing with defectives it has to take all classes of cases or it is no use. It is just as much the duty of the local authority to provide for the paralysed idiot unable to feed or do anything for itself as to segregate the good-looking feeble-minded girl who may become a danger to society. When a County Authority, or two Counties combined, realise that they will eventually have to provide for say a thousand defectives, it is inconceivable that they will do this by means of homes scattered about the County with forty or fifty patients in each. The expense would be prohibitive, the duplication of staff for teaching and for cooking and supplies alone would make it impracticable, and the difficulty of supervision would make it unworkable. The large numbers of defectives that will have to be dealt with in the future can only be dealt with in the large Institution.

A valuable point in favour of the large Institution is that it enables the patients to be better classified, according to their respective mental and physical capacities. The larger the total number to be classified the easier it is to divide them up so as to secure about the same degree of defect in each class. I think the tendency will be to have Institutions containing a thousand or twelve hundred patients, but personally I should prefer one with not more than six or seven hundred, because I think this is the largest number a superintendent can keep in actual touch with, and it is important he should have a personal interest in all his patients.

Of necessity also the large Institution must take all grades of defect. The County Authority with a thousand defectives to provide for cannot have one Institution for those called feeble-minded, another for imbeciles, and another for idiots. But there are better reasons than convenience. The all-grade Institution is more economical. The high grades do the skilled work for the low grades, the low grades do the unskilled work for the higher grades. An Institution composed of high grade cases alone would be very nice, but there would be a very great waste of labour. Much of their time would be taken up in doing work that might easily be done by lower grade patients. For instance, it is a waste of time for a boy who can make a brush to spend his time sandpapering the back to make it smooth, when another boy who cannot make a brush and can never learn to make one could do the sandpapering; or to keep a boy who can sole a boot merely cleaning boots when there are other boys, who cannot sole a boot and will never learn to, quite able to polish a boot. Many other instances of this kind could be given. The principle applies to each trade that is taught. Those who can do housework even though not very high grade, can do the housework of that part of the Institution where there will be helpless idiot cases who can do

nothing for themselves. The nursery can find useful employment for some of the higher grade women helping under supervision to look after the children.

It is work the women like and it is good for them. An Institution confined only to low grade cases would be very expensive if the whole of the labour had to be supplied by paid staff. If the Institution takes all grades, then the better patients will make all the clothing and boots, brushes, etc., do the laundry work and supply the labour necessary to provide the vegetables and milk, for the lower grade patients. There is another point in favour of the all-grade Institution, which in practice saves trouble. Patients improve, patients deteriorate; a word from the Superintendent sends them up or down one or more classes. The change will take place much less often and will take much longer in the doing if it means a transfer to another Institution.

One of the most important points in organisation is the number of classes in which the patients shall be divided. Their classification must depend on mental and physical capacity alone. I am referring to their life in the Institution and not to the organisation for school work. That is a different matter, and as I have already indicated you should get in your workshops a mixing of grades if you are to get the best results. There must, of course, be a male side and female side to the Institution. On each side you will want at least the following classes. 'First class' means the highest grade mentally: First Class Adults, Second Class Adults, Third Class Adults, Youths' Class, First Class School Children, Second Class School Children, Nursery or Third Class Children, Adult Feeble and Paralysed Class, Hospital. It is worked out for an Institution of six to seven hundred patients. A larger number will enable further improvements in classification to be made.

The Nursery Class should take the babies and the helpless cases the size of children; as everyone with experience will know, size with this class of patient is no guide to age. They may be any age. If placed on the female side of the Institution it can be used as a combined class for male and female nursery cases. The Youths' Class is for high and medium grade boys from about fourteen to eighteen. Many boys of fourteen are too big or know too much to live any longer with school boys, though they may still attend school for part of the day. They are not big enough to be with adults. A separate day room, lavatory, and bedroom is necessary. I am not sure the class corresponding to this is necessary on the female side though I think it desirable, but in place of it, most Institutions will want a special class for the higher grade cases too vicious to mix with the ordinary patients. I do not think a separate youths' class is necessary for lower grade boys. It is not necessary to have separate classes for epileptic defectives. They may go to the class indicated by their mental capacity. The other defectives do not appear to mind the epileptics and the cases having the worst and most frequent fits tend to deteriorate mentally and to sink to the lower grade classes. In many places, the adult feeble and paralysed cases tend to drift to the hospital and block that building. It is better if possible to have separate

accommodation for them and keep the Hospital free for the acute cases. The hospital must provide separate accommodation for tubercular patients, but it is necessary to have in addition isolation accommodation for dysentery. Dysentery can be just as great a bugbear in an Institution for defectives as in one for insane people. Isolation accommodation is also necessary for the ordinary infectious diseases like scarlet fever. An Institution for defectives is as bad as an ordinary school for spreading infection. If it is possible to arrange with the local sanitary authority to receive these cases into their Infectious Hospital, it saves a good deal of anxiety and gets them right out of the Institution and it is in my opinion the best way of dealing with the matter. If this is not possible, a separate isolation hospital is necessary with facilities for doing the whole of its own laundry work and cooking.

The Board of Control have published suggested plans for mental deficiency Institutions of three hundred and twenty beds, and six hundred and forty beds so that it is unnecessary to go into these. A suggestion I would make is that more day W.C. accommodation be allowed for the lower grade patients. In my opinion the lower grades want one W.C. to seven patients if they are not paralysed or nursery cases. The nursery cases are generally treated like babies and the paralysed cases mostly need special commodes.

The next thing to consider is occupation and training for the patients. Those under fourteen will go to school, except some of the paralysed, nursery and very low grade children, but most of those commonly called low grade will benefit considerably by some kind of training. In the upper classes the school work approximates to that of second standard in an ordinary school with plenty of musical drill and dancing. Dancing even such a complicated thing as "The Lancers" or "La Triomphe" is well learned and of exceptional benefit physically and mentally. In all classes taking three R. work, every afternoon should be devoted to manual work including, even for boys, sewing, making button holes, etc. The ordinary manual occupations are so well known I need not go into them. The classes below these upper ones will be doing the elements of three R. work. There should be plenty of simple object and conversational lessons; let the children not only see but touch and use the things on which the lesson is being given. Have special speech training lessons. The dancing can be nearly as advanced as for the upper classes. Then there should be a class into which doubtful cases can go, a kind of testing class. If after a probation here, it is thought the child will do any good at three R. work it is sent up to the lowest three R. class, but if it is decided that the child will never do any good at these subjects it is better not to waste time trying to teach him but send the child to the lower classes where the whole teaching is oral-manual, where in fact the object is to train chiefly the patients' hands and legs. It does however frequently pay to put a child you think will do fairly well at the three Rs., first for a month or two into the oral manual class. It will wake him up, teach him to carry himself properly and to use his hands and feet and certainly benefits

his after-training. The personality of the teacher in the lower grade classes counts for much. She must have great energy and patience, but she must have initiative also and be frequently thinking out fresh exercises, the simpler the better. A lot of instruction for these children can be got out of a pair of steps, an old box or two, a couple of 9 inch wide planks, a small wheelbarrow, a box of skittles, a rug, a pillow, a skipping rope, and a good many wooden bricks of various sizes. Let everything be made in the Institution. The best size bricks are four inches square so as to give the hands some work to do. Smaller bricks are not heavy enough and do not stretch the fingers enough. In addition for building and balancing have some $9'' \times 3'' \times 1''$ and some $4\frac{1}{2}'' \times 3'' \times 1''$. Have an equal number of each painted with each of the six brightest colours. Bright colours are essential for lower grade work, a fact not recognised in the Montessori apparatus. As the children become fourteen each case should be considered separately. Some are still doing well at ordinary school subjects and may continue in the school classes for another six months or a year but many or most will benefit by going half-time into a proper shop where they will be taught the first steps of a trade and if they get on at this work they should in my opinion go all day to the shop on or before reaching fifteen. With girls, their manual work in school consists so much of needlework and laundry work which is the very work they will probably be doing when they leave school, that there is not the same need for them to leave the school classes for the industrial classes so early as the boys. In regard to manual occupations for adult defectives, an old established Institution is in a little different position to that of a new Institution. The new Institution will not, to begin with, have a large number of patients available for occupations and it will be necessary to concentrate those they have on the work that must be done. Their efforts will therefore be devoted to house work, that is making beds, sweeping up, setting tables, washing up and cleaning generally for males and females, and to boot repairing, garden and farm work for males, and laundry work and needle work including repairs for females. As the numbers increase, the other ordinary occupations can gradually be added, such as making suits and dresses, brushes, baskets, mats, furniture, cutting up firewood. Later, printing and a tinsmith's shop may be added, and if the Institution is ambitious and has sufficient labour, the weaving of cloth, blankets, and shirting, as at the Western Counties Institution. Far more, however, will be learned about industrial occupations by a day at Darent Industrial Colony or at the Western Counties Institution than by any number of written articles. So far as my experience goes, the following are a few practical points. Basket and hamper making is one of the most difficult occupations. It is not easy to get the baskets a proper shape as there is no frame or shape to make on, it is all a matter of hand and eye. Brush making, when confined to the wire-drawn brushes is one of the easiest occupations. For an ordinary scrub it does not matter much even if the amount of stuff in each hole varies a good deal. It does matter, though, for a clothes or hair brush.

The pitch-work brushes are more difficult. Yarn, wool-bordered and wool mats made on a loom are not an easy occupation, but it is a paying one, and picking the fibre is useful work for quite low grade patients. A loom makes better mats than a frame, but the frame is easier, though only yarn mats can be made on it. There is no difficulty in finding a ready sale for these mats whereas the wool rugs made on canvas in school, though they are a good occupation and one the patients enjoy, are not easy to dispose of in any quantity. The wool costs so much. The carpenter's shop will find plenty to do in the way of repairs, but the aim of this shop should be the making of every bit of furniture the Institution requires except bedsteads. They should not be satisfied with tables, cupboards, and chairs, but should make staff chests of drawers, wardrobes, washstands, sideboards, etc. Wood carving is not perhaps an occupation for every Institution, but where a good trainer is available it is interesting work for the patients and pays well. Begin with chip carving and go on to relief work later. In the girls' needlework department aim at making the patients' dresses and every bit of underclothing, male or female, that the Institution wants in the same way that the tailor's shop makes all the suits and men's uniform. Stockings and boys' jerseys are also knitted in the girls' department. Stocking knitting is easily picked up, though monotonous work. Jersey knitting is difficult. In the laundry, which will of course be a machine one, it is best to have the washing department cut off from the ironing part, then male labour can be used in the former, where the work is heavy, and female labour in the latter. In most cases it is better not to keep the girls at laundry work morning and afternoon, but to let them put in half the day at needlework. Garden work and farm work naturally fall to the men and absorb a lot of low as well as high grade labour. The girls can only be employed at garden work in a mixed Institution if their part of the garden is well shut off from the male side. The girls enjoy it the greater part of the year and are healthier for it. Chickens are best looked after by girls.

Amusement is as necessary as work for defectives but the desire for it has to be stimulated or many will sit round quite contented to do nothing. For exercise for the males, football, cricket, gymnasium and athletic sports are good. I have not had experience of boxing. The girls, however, are not nearly so keen on exercise. They will play cricket after a fashion, they will kick a football about to keep warm and they seem to like rounders. Lately we have tried hockey and they seem to like this best. Tennis and croquet they take little interest in. As a matter of fact, girls, especially those who are grown up, seem to prefer doing crotchet and knitting lace in their spare time. There should be a dance once a week or fortnight in the winter, combined with musical chairs, and songs and sketches for the lower grade who cannot dance, but barn dances, military two-steps, veletas, etc., are easily learned. A Brass Band is a necessity; it should consist almost entirely of patients. All the better patients can learn whist; an occasional whist drive with small prizes is appreciated; a few can play chess, many draughts, and a great many snap, ludo, etc.

We find that in an Institution taking all grades, the proportion of staff to patients works out at one to five. This includes the whole staff, teachers, industrial trainers, artizans, and domestic staff as well as attendants. Whereas the very low grade patients need a large number of attendants to look after them, the expense of looking after the high grade cases is increased by the necessity of having teachers and industrial trainers. Every trade taught needs one properly qualified tradesman, not an amateur to teach it. If the shop is so large as to require more than one staff, the second one can be an unskilled or partly skilled man or woman who has been taught in the shop itself. In the schools it is necessary to have certificated and uncertificated teachers for the higher classes, but for the lower grade classes where the work is oral-manual, school attendants can be successfully employed.

XV 8 Scheme for the Interchange of British and American Special Schools Teachers.

THE question of interchange between teachers of different nationalities has of late been much discussed and it is obvious that considerable advantage may accrue from residence in a strange land, while the foreign visitor may bring many new ideas, criticism and appreciation which may be valuable to those ready to enjoy them. Particularly is this so for a Special School teacher, for the actual methods and even principles of teaching vary considerably in different countries, as also the grades and types of defective children dealt with there.

As far back as 1914, and frequently since, I have been asked by both British and American teachers if there were any possibility of making arrangements for them to spend a year abroad without a prohibitive outlay, but of course nothing could be done during the War. At last, however, I have been able to make some preliminary enquiries and have worked out a Scheme. Four teachers are already arranging exchanges and probably by next year there will be many applications from both sides of the Atlantic.

I have heard from the Board of Education that consideration will be given to any candidate who is suitably qualified, and that the Board view sympathetically the exchange of teachers for the purposes of education.

Having been assured of the sanction of the Board, many progressive Local Education Authorities will approve the principle of the intercourse. All that then remains is for intending travellers to obtain leave of absence and find a suitable teacher from America ready to take their place.

Naturally this last point has been the chief difficulty heretofore. Teachers have not known where to write, or how to set about hearing about a suitable exchange, and it is for that reason that I have thought of forming a kind of Bureau

of Information for the Scheme. I am also preparing a register of all candidates wishing to exchange with their qualifications, experience, etc., and the place and type of school preferred. I have been in the United States twice and know something of the conditions of life and work there, and am frequently in communication with various officials in some of the Western Cities. I have also approached the Superintendent of Special Schools in Newark with a view to her preparing a similar register for American teachers. Every teacher who wishes to be put on this panel should fill in a short application form, and submit the names of three references. In this way we can be assured of the suitability of the candidates on both sides, and can give effect to their wishes as far as possible and can put candidates in touch with one another. At least six months should be allowed for making arrangements on account of the length of time taken in mails and the difficulties of transport.

Here are a few suggested regulations to make the scheme uniform, viz. :—

- (1) Any teacher wishing to exchange should be certificated and should have taught for at least two years in a Special School.
- (2) The exchanges should be nominally for one year from the August holidays, but holidays falling as they do, the teacher could be absent about 13 months.
- (3) The Education Authority should pay exactly the same salary to a teacher coming over as to the one going to America, and the American Authorities will be expected to do the same for our teachers. Salaries are somewhat higher over there, but living is slightly more expensive than here.
- (4) The Local Education Authority will not be required to be responsible for any other expense beyond the salary of the American teacher who would be on their staff for one year.
- (5) Teachers should be required to return to their original Education Authority at the end of the year or should give the usual notice of resignation.

In Birmingham we propose to fill the post of absentees and give them a place on the reserve staff on their return, with the first choice in future vacancies. This is really a practical measure with a view to minimizing the difficulties of change of teachers in any particular class. The American will be placed on the Reserve Staff and will, therefore, have the best opportunities of seeing and showing various methods and of discussing them with the members of the staff in different schools.

I believe the American Authorities will be equally good to our teachers in the way of giving facilities for seeing different schools and institutions, and in many cases the teacher will be eligible to attend University Classes.

When once candidates are in communication with their "partners" they will be able to make all arrangements as to boarding, reception, travel, etc., and write for instructions to the Education Committee to which they are going. I

will gladly give any further information, but it must be distinctly understood that the above suggestions are merely introductory and that all definite arrangements must be made personally by candidates themselves.

Education Office,
Birmingham.

MARION F. BRIDIE.

XXIII 5 Post-Graduate Course on Mental Deficiency.

A course of Post-graduate Lectures on Mental Deficiency supplemented by a course of Clinical Instruction consisting of visits to Homes, Schools and Institutions for the Mentally Defective and the examination of individual cases has been arranged by the Extension Board of the University in co-operation with the C.A.M.D. and will commence on Monday, May 31st, and end on June 5th, 1920

The Course is intended for qualified medical practitioners and preference will be given to those who are engaged as Certifying Officers to Local Authorities under the Mental Deficiency Act, 1913, as School Medical Officers, Medical Officers of Institutions, or otherwise definitely dealing with defectives.

LECTURES TO BE GIVEN AT THE UNIVERSITY OF LONDON, SOUTH KENSINGTON.

LECTURE I. BY A. F. TREDGOLD, ESQ., M.D., F.R.S. EDIN.

Subject:—General Introduction.

- (a) *The nature of Mental Deficiency.* Its relationship to the normal and to other abnormal conditions.
- (b) *Causation.* Intrinsic and extrinsic. Brief account of the chief factors concerned.
- (c) *Pathology.* The essential pathological basis. The chief morbid complications.

LECTURE 2. BY JOHN THOMSON, ESQ., M.D., F.R.C.P.

Subject:—Classification.

- (a) Definition and distinguishing features of the three grades of mental deficiency, that is, idiocy, imbecility, feeble-mindedness, (children and adults).
- (b) The chief clinical types of mental deficiency.
- (c) The chief clinical complications.

LECTURE 3. BY CYRIL BURT, ESQ., M.A.

Subject:—General Psychology of Defectives.

- (a) Statistical definition of Mental Deficiency. Line of demarcation between deficiency and mere backwardness. Distinctions between deficiency and instability, and between general deficiency and specific defects.

- (b) Psychological characteristics of defectives as regards sense-perception, movement, association, memory, habit, imagination and reasoning.

LECTURE 4. BY W. A. POTTS, ESQ., M.A., M.D.

Subject:—Feeble-minded persons. (children and adults).

- (a) Definition. Number. Incidence.
 (b) General description, physical, mental.
 (c) Social relationship. Employment. Pauperism, crime, illegitimacy, inebriety. Scholastic and manual capabilities.

LECTURE 5. BY A. F. TREGOLD, ESQ., M.D., F.R.S. EDIN.

Subject:—Moral Imbeciles.

- (a) General account. Importance and difficulties of diagnosis and administration.
 (b) Definition according to Mental Deficiency Act, 1913. Discussion of terms of definition.
 (c) Description. Physical and mental features.

LECTURE 6. BY CYRIL BURT, ESQ., M.A.

Subject:—Mental Tests.

- (a) Educational Tests: for reading, spelling, number and manual subjects.
 (b) Psychological Tests: for general intelligence (the Binet Simon scale) and for specific capacities.

LECTURE 7. BY R. LANGDON-DOWN, ESQ., M.A., M.B., M.R.C.P.

Subject:—Diagnosis of Mental Deficiency.

- (a) Chief data to be considered in the diagnosis of mental deficiency (e.g., family history, previous personal history, physical and mental characteristics).
 (b) Chief conditions from which mental deficiency has to be differentiated (e.g., normal; temporary conditions of mental hebetude, etc., dementia, insanity, mental instability).
 (c) Diagnosis of the three degrees of defect, i.e., idiocy, imbecility and feeble-mindedness as required by the Mental Deficiency Act.

LECTURE 8. BY MEREDITH YOUNG, M.D., D.Ph., Barrister at Law.

Subject:—The Law relating to Mental Deficiency.

- (a) Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914. Chief provisions as affecting Certifying Officers.
 (b) Mental Deficiency Act, 1913. Summary of chief provisions, methods of control, methods of procedure for placing in Institutions or under guardianship, procedure in petitions, etc.

Two special demonstrations in connection with the work of School Medical

Officers will be given by F. Shrubsall, Esq., M.A., M.D., F.R.C.P., Principal Assistant Medical Officer, London County Council, on two late afternoons.

The Course of Clinical Instruction will consist of:—

Visits to the Industrial Colony, Darenth; Royal Eastern Counties Institution, Colchester; the Fountain Temporary Mental Hospital; Special Schools of the London County Council and various Homes and Institutions where cases will be demonstrated clinically. Opportunities will also be afforded for the examination of various types of defectives under the supervision of the lecturers and other specialists, including examinations for petitions under the Mental Deficiency Act, 1913, and of children under the Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914.

All students will have the opportunity of visiting the larger institutions, and as the number of smaller establishments is very considerable, it is hoped to be able to limit the attendance at each of these to two or three students only, so as to afford ample facilities for individual examinations.

An endeavour will be made to afford facilities for those attending the Course to fill in the required legal certificates, and every effort will be made to adapt the clinical work to the particular requirements of each student.

FEES AND APPLICATIONS.

Fee for the course Three Guineas (£3 3s.)

The number to be admitted to the Course will be limited and early application is therefore desirable. All applications, *with the fee for the Course*, must be received *not later than May 1st, 1920*.

All communications respecting the Course must be made to Miss Evelyn Fox, Central Association for the Care of the Mentally Defective, at the University of London, South Kensington, S.W.7, from whom additional Forms of Application may be obtained.

News and Notes.

News from Local Associations.

IPSWICH ASSOCIATION.—*Occupation Centre*.—The I.V.A.M.D. propose to open an Occupation Centre for high grade mentally defective boys between the ages of 14 and 18, and low grade mentally defective children under 16. The Centre will be open five mornings a week, three sessions being devoted to the boys' class, and two to the low grade class. It is hoped, however, that as the work develops, it may be possible to run both classes daily, but at present funds will only allow of the scheme being started on a half-time basis. The staff will consist of one fully qualified head teacher, and a part time instructor for the boys' class.

The Ipswich Board of Guardians have agreed to pay part of the salary of the

Head teacher, and they will command her services for afternoon classes for the defectives at present detained in the Workhouse.

The following subjects will be taught: drill, singing, educational games, simple 3 "R" work, handwork, and boot repairing. For the low grade class there will be a very simple curriculum, designed to teach the children habits of self-control and to make them less helpless in every day life.

It is estimated that the cost of the Centre for the first year will be about £250: £125 for half salary of teacher, £70 for the Instructor, £55 for running expenses. There will be about ten on the roll of each class, (it is anticipated that this number will increase, as the Centre becomes known), making the cost per head about £12 10s. od.

LANCASHIRE ASSOCIATIONS.—As we stated in our last issue, the Lancashire Asylums Board are anxious that four Associations should be formed to cover the whole geographical area of the County of Lancaster. A step forward in this direction was made in March when a Meeting was summoned by the Liverpool and District Association for the Care of the Mentally Defective, at which most of the Education Authorities and Boards of Guardians in South West Lancashire were represented. It was formally decided to extend the Association to cover the whole of that area, the Association to be known as the South West Lancashire Association.

LEEDS ASSOCIATION.—A Conference of social workers was held by this Association on January 16th last, at which addressess were given by Dr. Middlemass, Medical Officer of Leeds Mental Deficiency Committee, on the Moral Imbecile, and Mr. S. Wormald, the Secretary of the Association and Executive Officer of the Mental Deficiency Committee on "The Social Problem of the Mentally Deficient."

These were followed by a discussion and the following Resolution was unanimously adopted by the Meeting:—

"That as there is a considerable amount of evidence to show that many persons who are brought before the Courts on criminal charges are mentally abnormal, this Conference hereby suggests to the Leeds City Magistrates the advisability of considering the question of the appointment of a medical expert in mental diseases whose duty it would be to confer with the Magistrates in all doubtful cases."

On February 5th, a treat was provided by the Voluntary Care Committee for all defectives under its supervision. It was attended by about 250 guests of ages ranging from 60 to 8. After the guests had had tea an entertainment was held at the Albert Hall, to which parents and friends were also invited, which was thoroughly appreciated by the audience. This is the second party which has been held, and, apart from the pleasure it gives the defectives, it is an excellent opportunity of bringing the members and visitors together.

WILTSHIRE ASSOCIATION.—At a Meeting of the General Committee of the Wilts. Voluntary Association in December, the following resolution was passed and forwarded to the Statutory Committee for the Care of the Mentally Defective:—"That the Education Committee be urged to appoint an expert on their staff so that Magistrates could avail themselves of his help when dealing with abnormal cases."

This Resolution was unanimously adopted by the Statutory Committee and by the Public Health Committee, and was also passed at a meeting of the Wilts Justices.

Devizes Workhouse.—With the permission of the Guardians a Voluntary Committee is being formed in Devizes to undertake to provide recreation and amusements for the mentally defective inmates. It is also probable that the Devizes Guardians will consider favourably applications for Out-County cases.

Semington Workhouse.—It is hoped that spinning will be started as an industry immediately.

YORKSHIRE ASSOCIATION.—At the Annual Meeting of the Yorkshire Association held in January, an account of the Birmingham Scheme for the Treatment of Persons who are Mentally Defective or otherwise unsuitable for ordinary Punishment, was given by Dr. W. H. Potts, mental expert to the Birmingham Justices. Dr. G. A. Auden, Senior School Medical Officer, Birmingham, also spoke on the Education of the Mentally Defective and pointed out the importance of the establishment of Backward Classes.

As a result of the meeting a Resolution was passed urging the Mental Deficiency Committees in Yorkshire to ask the magistrates in their respective districts to consider the advisability of appointing expert persons to assist them in cases of suspected mental defect.

Bradford Education Committee.

The Care Special Sub-Committee of the Bradford Education Committee have made some important recommendations. They propose that a systematic examination by a medical expert be made of

- (1) every prisoner having a previous conviction against him;
- (2) every prisoner charged with cruelty, offences against chastity, theft, and incendiarism;
- (3) every prisoner charged with aiding and abetting any crime;
- (4) any prisoner who, from his conduct, attitude, or bearing, or from peculiarities in the commission of the alleged crime, or from some other abnormality, should appear to those in authority to be mentally abnormal.

A copy of the Resolution has been sent to the Home Office, the Chairman of the Watch Committee, the Stipendiary Magistrate, the Chief Constable, the Magistrate's Clerk, and the Central Association for the Care of the Mentally Defective.

New Joint Institution.

At a joint Conference of representatives of the Six North Wales County Councils, on December 11th, it was decided that it was desirable that a Joint Institution for these Counties be provided.

The Poor Law Institution at Forden has now been sold by the Guardians to the Montgomery Mental Deficiency Committee for the sum of £8,000, with a view to being converted into a Joint Institution for Mental Defectives.

New Certified Institution.

St. Catherine's Home, Durham, has now been Certified for Mentally Defective girls and young women. It has for some years past been a Diocesan Training Home. Only County of Durham cases are admitted.

Short Courses for Teachers.

The Seventh Short Course of Training for Teachers of the Mentally Defective, organised on behalf of the Board of Education by the C.A.M.D., is now being held at Colchester. The Course consists of Lectures (Medical, Psychological and Educational), and Classes in Physical Training and various branches of Manual Work. The students are paying frequent visits to the Royal Eastern Counties Institutions and its branches where clinical demonstrations are being given by Dr. F. D. Turner, the Medical Superintendent.

A further course, mainly for more advanced students, will be held in Manchester from July 5th to July 23rd.

Course of Lectures in Psychological Medicine.

A series of lectures and practical courses of instruction are being given by the London County Council at the Maudsley Hospital, Denmark Hill, S.E.5. The first part of the Course consists of lectures and demonstrations by Sir Frederick Mott on the "Anatomy of the Nervous System," Dr. Golla on the "Physiology of the Nervous System," and by Dr. Lowson on "Psychology." In the second part Dr. Hubert Bond will lecture on the "Diagnosis, Prognosis and Treatment of Mental Diseases," Sir Bryan Donkin on "Crime and Responsibility," Sir Frederick Mott on the "Pathology of Mental Diseases," Dr. MacDougall on the "Psychology of Conduct" and Dr. Bernard Hart on the "Psychoneuroses." Clinical Demonstrations will also be given by Dr. F. C. Shrubshall and by Dr. Golla and Sir Frederick Mott.

Problems of Adolescence.

A summary of the lectures on the above subject, given by Mr. Kenneth Richmond last February, in the course of lectures arranged by the C.A.M.D. at the Fabian Hall, will be given in the issue of the "Child" for May, 1920. (Published by John Bale, Sons and Danielson, Price 2/-).

Should the demand be sufficient, the C.A.M.D. would be prepared to have reprints made, price 4½d. each.

Book Reviews.

AN INTRODUCTION TO CHILD PSYCHOLOGY, by C. W. Waddle. Harrap & Co., London, 1919. pp. 11 and 317. 6/-.

The progress of child psychology is now so rapid and its positive contributions to educational science so rich and so diverse that, as Dr. Waddle wisely remarks in his preface, "Satisfactory treatment of the entire field is no longer possible in a single volume." Yet the novice teacher must be introduced to the scientific study of children. This book is on the whole the best attempt that has been made to effect such an introduction. The fact that it makes no claim to comprehensiveness is one of its virtues. In its broad, suggestive treatment of some of the more fundamental problems it avoids shallowness and dogmatism, and it succeeds in building up what is the essential thing for the student to acquire, a point of view. That is far more valuable than any number of rounded-off laws and principles. The impression that one desires left in the mind of the young teacher is that child psychology is a vigorous and growing science, with a considerable body of knowledge already formulated in its bearings upon its technique, yet full of controversial questions to the solution of which he may with sufficient discipline be able himself to contribute. An adequate understanding of the issues in debated problems yields far more psychological insight than the easy assimilation of ready-made conclusions. In this respect the temper of the book is excellent, for the complexity of the problem of child psychology and the need for further critical inquiry are throughout indicated. Ample reference is made in the text and in topical bibliographies to the available descriptive and experimental studies. Yet the author contrives to avoid the "scissors and paste" effect, into which volumes of this type have been known to fall. The argument is connected and well developed.

The opening chapter, which makes a survey of the historical background, is perhaps the least satisfactory. It ranges too widely, and in the available space a superficial treatment is inevitable. It is, so to speak, anthropologically unfair to decry such customs as infanticide and human sacrifice out of their primitive religious and social setting, and press them into an argument with which they have very little to do. The account of the growth of the child study movement is more adequate. The chapter dealing with the methods of the scientific study of children gives a useful summary of the relative merits and demerits of the older methods, the biographical, the "clinical," and the questionnaire, and the cautionary remarks as to the use and value of statistics are quite in place. A brief and judicious reference is made to intelligence tests and the Binet-Simon scales, but no exposition of the theory or formulae of correlation psychological interests. The whole problem of tests for general and special abilities should have had fuller discussion. The "biological perspective" in child study is well developed, and the significance of current problems in heredity is treated as adequately as is possible in such a space and setting. Three typical child activities, play, language and drawing are discussed in ampler detail, and the fruitfulness of genetic studies clearly shown. These chapters are the most valuable in the book. In the otherwise broad and balanced treatment of the moral nature of children, there are two grave defects. The author fights shy of psycho-analysis, making but one reference to Freud and Jung, the discussion of moral development and delinquency being thus left inevitably formal and external. Furthermore, not a shadow of an attempt is made to deal with sexual instinct and sexual development. It is incredible that serious authors can still entirely omit reference to what is the central problem of moral development. The statistics and the psychology of feeble-mindedness in

relation to juvenile delinquency are discussed with some understanding, and Dr. Waddle finally suggests that "delinquency is about one third a eugenic and two thirds a euthenic problem."

SUSIE S. BRIERLEY.

REPORT ON THE CARE AND CONTROL OF THE MENTALLY DEFECTIVE AND FEEBLE-MINDED IN ONTARIO, by the Honourable Frank Egerton, Justice of Appeal, Commissioner. Published by order of the Legislative Assembly of Ontario. Published by A. T. WILGRESS, TORONTO.

This Report is specially interesting as the author approaches the question of the mentally defective not from the point of view of a medical man, but from that of a practical man whose position has brought him into very close contact with every kind of social problem. In order to arrive at a conclusion as to the various means which should be employed for the care, training and protection of defectives in Ontario the author has made a wide and very understanding survey of work carried out or projected in this country and in the United States. The evidence, which he has collected or marshalled in an easy or compact form, should be of real assistance to all interested in the work for defectives in this country.

Stress is laid on certain special aspects which might well be emphasised in this country. Foremost among these is the need for an organised supervision of all ascertained defectives in the community. The author has collected a considerable body of opinion as to the very large numbers of defectives who are apparently able to fill some humble place in the world but who, if they are to do this with safety to themselves and to others, should be in close touch with trained visitors. He gives some interesting figures from the tests of the U.S. Army:—"Out of 1,668,812 recruits (June 7th, 1919), who were psychologically

examined, there were found with mental ages below seven years, 4,780 men; mental age seven to eight, 7,875, from eight to nine, 14,814; from nine to ten, 18,875; but "The result of these examinations has gone far to indicate that many men who in ordinary life are treated as normal and apparently behave as such, fall far short of the standard set up by psychiatrists for the entirely well-balanced." In connection with this problem of the defective in the community, he emphasises the importance of early training for defective children. Dr. Fernald's views are quoted, from which it appears that he thinks that a fair proportion of high-grade cases who have been properly trained in any Institution, may deserve a chance in the community "The moron is not an Institution problem only."

Though emphasising this aspect of the problem, the author does not lose sight of the imperative necessity of caring for defectives of anti-social tendencies. A proper method of ascertaining and dealing with the criminal defective is laid down as essential. His evidence strengthens the conclusions arrived at by Dr. Goring.

EVELYN FOX.

Recent Publications.

Books.

THE CHILD'S UNCONSCIOUS MIND, by Wilfred Lay. Kegan Paul. 10/6

MIND AND ITS DISORDERS, by W.H.B. STODDART, M.D., F.R.C.P. H. K. Lewis and Co. 18/- post free 18/6.

MENTAL CONFLICTS AND MISCONDUCT, by William Healy. Kegan, Paul, Trench, Trubner and Co. 10/6.

HANDICAPS OF CHILDHOOD, by H. A. Bruce. Kegan, Paul, Trench, Trubner & Co. 10/6.

GENERAL PSYCHOLOGY, by W. S. Hunter, Professor of Psychology, University of Kansas. Cambridge University Press. 9/-.

DEMENTIA PRAECOX, by Emile Kraepelin. Translated by Ruth M. Barclay, M.A., M.B. E. S. Livingstone, Edinburgh. 15/-.

TOTEM AND TABOO. Resemblances between the Psychic lives of Savages and Neurotics, by Professor Sigmund Freud. Authorised English Translation by A. A. Brill. Routledge. 10/6.

PHILOSOPHY OF CONFLICT, by Havelock Ellis. Constable and Co., Ltd. 6/6 net (1919).

HOW CHILDREN LEARN, by Frank N. Freeman, Ph. D. George C. Harrap and Co. Ltd. 6/-.

LECTURES ON SEX AND HEREDITY, by F. O. Bower, J. Graham Kerr, and W. E. Agar. Macmillan and Co. 5/- (1919).

A GUIDE TO THE TEACHING OF MANUSCRIPT WRITING, by S. A. Golds. Blackie. 1/6.

Government Publications.

To be obtained from H.M. Stationery Office, Imperial House, Kingsway.

Local Government Board.

REPORT OF THE MEDICAL DEPARTMENT 1918-19. 1/6.

Ministry of Health.

LUNACY AND MENTAL DEFICIENCY, (TRANSFER OF POWERS), ORDER. 1920. 1d.

Board of Education.

DRAFT CONSOLIDATED REGULATIONS, relating to the Special service of Elementary Education (other than Nursery Schools) for promoting the Healthy Physical and Mental Development of Children. 3d.

C.A.M.D. Publications.

ANNUAL REPORT OF 1918. 1/-.

FULL REPORT OF CONFERENCE NOVEMBER 28th, 1919. 1/6.

CITY OF BIRMINGHAM, PROCEDURE recommended in Courts of Summary jurisdiction. 1d.

MORAL DEFECTIVES. Reprint of Article by Dr. A. F. Tredgold, in January issue of "Studies in Mental Inefficiency" 1½d. each, or 1/3 dozen.

STUDIES in MENTAL INEFFICIENCY

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The Definition and Diagnosis of Mental Deficiency

BY CYRIL BURT, M.A., Psychologist to the London County Council.

AMENTIA AS DISTINGUISHED FROM DEMENTIA.

The earlier view that mental deficiency was a fairly definite disease, or at least a clearly marked condition,—like epilepsy or paralysis in the coarser levels of the nervous system—has now almost universally been abandoned. Under the phrase "mental defective" is comprised a strange and heterogeneous variety of cases, persons whose mental states differ in essential respects widely from one to another. Some attempt to unify the incongruous meanings of the term is urgently needed. But the conclusions attained must necessarily be tentative. And if in what follows my suggestions are cast in dogmatic language, without constant qualifications and repeated doubts, this is not from any conviction that a final solution had been reached, but simply from a desire to be brief.

Mental deficiency, sometimes styled "amentia," is generally contrasted with "dementia"; and defined to mean absence of mind, as the latter means loss of mind. The demented person is said to have been born with all his mental powers, full and complete, but in later life to have lost them, or at least their higher forms; the ament is said to be already, from the very moment of birth, devoid and destitute of these higher mental functions: he has none to lose.

Interpreted thus to signify absence of mind, the phrase mental deficiency embodies two notions, each of which requires precise definition. What is meant by "mind" or "mental"? What is meant by "absence" or "deficiency."

I. THE MEANING OF "MENTAL."

The word "mental" is highly ambiguous. In the writings and discussions of psychologists it is used in two senses: first, as the adjective of intelligence, a noun which in English yields no derivative adjective of its own; and secondly, as the adjective of mind. Mind is now employed to denote the whole structural basis underlying conscious processes, whether that basis be conceived as partly immaterial, and resident in the soul, or as simply physical, constituted solely by the nervous system or at least by those higher circuits of its central portion which we loosely call the brain. For the psychologist, therefore, "mind," and "mental" as the attitude of mind, cover far more than the manifestations of intelligence; they include also the manifestations of character or temperament. These two aspects of human nature the psychology of popular speech has long recognised. It distinguishes the intellectual aspect from the moral. A reminiscence of the same dichotomy is discernible in the Mental Deficiency Act of 1913; and the antithesis, if pressed, might seem to imply two alternative modes of mental defect: intellectual deficiency, on the one hand, and moral deficiency, on the other.

This distinction is not without scientific support. From an analysis of data collected by Dr. Webb and by myself, Dr Maxwell Garnett has recently inferred that a widely comprehensive summary of a given personality can be given in terms of an extremely limited number of fundamental factors. Three factors seem relatively independent. Provisionally he terms them, Ability, Cleverness and Purpose or Will. The mind he depicts by a three-dimensional diagram; and claims that "when a person's 'representative point' in this diagram has been determined, a surprisingly large proportion of his moral as well as his intellectual qualities have also been defined."* How completely "cleverness is independent "ability" we need not here discuss; but it seems indisputable that in diagnosing mental inadequacy, besides noting defects in cleverness or ability, we are bound, even upon *a priori* grounds, to look also for defects in purpose or will.

What may be the best nomenclature for distinguishing these alternative conditions is a problem of some difficulty. The Act insists that the defect shall be proved to be innate, or at all events permanent. The words "intellectual" and "moral" in common parlance relate to complex psychological activities, which change with changing surroundings, and which, in the view of most authorities, can hardly be identified with elementary capacities inherited at birth. Intellect is largely a matter of ideas, acquired during life-time; morality is largely a matter of habits and sentiments absorbed progressively from the social environment and not in any sense innate as such. Provisionally, perhaps, we may, when referring to the more fundamental, hypothetical condition, presumed to exist from birth,

**Proceeding of the Royal Society*, Vol. XCVI., 1919, 'On certain Independent Factors in Mental Measurements,' p. III. Cf. also *British Journal of Psychology* Vol. IX, 1919, 'General Ability, Cleverness, and Purpose.'

speak of defect in Intelligence and in Temperament, and use the looser phrase, Intellectual Deficiency and Character Defect, to denote the more complex conditions that are actually observed, and that must be the resultant of interplay of both in born constitution and post-natal environment.

(a) SO-CALLED DEFICIENCY, I.E., TEMPERAMENTAL INSTABILITY.

In the whole of mental abnormality there is no problem so perplexing or obscure as the precise nature of what has hitherto been designated moral imbecility. The very phrase is misleading.*

To say that average or normal man is born with a moral sense, but that a few are born wanting that moral sense, and so appear morally defective, is to revert to a crude and out-of-date psychology. The foundations of moral character, as Shand and McDougall have taught us, are the hereditary instincts and their correlated emotions; and character-defect, so far as it is congenital, springs usually from too much emotion, rather than from too little will, from primitive instincts that are too strong rather than from some simple moral sense that is too weak. Will and the moral sense, if such terms can be accepted for any scientific purpose whatever, must be recognised as denoting tendencies, far too complex in their nature, and far too late in their emergence, to be hereditary or inborn. Emotions and instincts, however, are admittedly innate; and elsewhere I have given reasons for believing that their excitability and strength depend largely upon a central factor, upon a single fund of energy, which I have termed "general emotionality," † and that instability in this central factor may occur as a primary and congenital condition.‡ For persons born with an intensely emotional endowment perhaps the simplest and commonest designation is "the unstable," a term that has now found a firm footing-place in psychological works.

The condition, indeed, is a condition of excess rather than deficiency; but, to accord with traditional nomenclature, I have suggested that, for rough practical purposes, those whose inborn instability is so pronounced that they require care, supervision, and control for their own protection or for that of others, may perhaps be called "temperamentally defective."

(b) INTELLECTUAL DEFICIENCY, I.E., DEFICIENCY IN INTELLIGENCE.

The ambiguities contained in the adjective "intellectual" are less dangerous and more easily discerned than those lurking in the term "moral." With most persons, it may be admitted, life is not so much an affair of intellect as of intelligence. It entails practical as well as strictly intellectual processes. But to avoid coining some harsh neologism such as "intelligential," and, at the same time,

*See the admirable discussions in Healy, *The Individual Delinquent*, Section 372, "Moral Imbecility" and Holmes *The Conservation of the Child*, Chapter X, "Moral Deviates."

†*Brit. Association Annual Reports*, 1915. "General and Specific Factor underlying the Primary Emotions."

‡*Child Study*, Vol. X, No. 3, pp. 61-79 "The Unstable Child,"

to escape the ambiguities of the more common adjective "mental," I shall use "intellectual" in the broader sense, comprehending under it all processes of the mind, except those connected essentially with character and temperament.

The existence of some central psychological factor, more or less determining all such activities, is now very generally conceded. Efficiency in any type of intellectual work, is due, it is maintained, to inborn capacities of two orders: first, a general ability entering into all mental performances, usually denominated intelligence; and, secondly, one or more specific abilities—affecting only that limited group of processes in which they are immediately concerned. Defects in these more specific capacities do not in my opinion, form a valid ground for certification. Word-blindness, to take a familiar example, is certainly, in the literal sense, a mental defect; and, in view of the many, it is a condition occurring in a congenital and permanent form. But, since congenital word-blindness does not directly affect general mental efficiency, but is by definition specific and localised, it does not to my mind constitute deficiency in the technical sense. I have in other articles reported evidence in favour of the existence of "intelligence" as a distinct and all-pervading mental factor; and have there defined it as "inborn general intellectual efficiency." This hypothesis, however, a few authorities, still reject. For them all defects are specific. The only distinction they can countenance is the distinction between those specific defects, on the one hand, that do not entail grave social disability—as musical deficiency, or deficiency in the ability to draw—and those, on the other hand, that do.

It is with a defect in this inborn general factor that the psychologist has usually identified mental deficiency. For him in such a phrase, as in the phrase "mental tests" and in similar contexts, the word "mental" is the adjective of "intelligence." This usage is somewhat limited. It would, as is evident, wholly exclude (1) cases of moral or temperamental deficiency; (2) cases where the defect is not congenital; and (3) cases, congenital or otherwise, where the defect is specific. Indeed, there are many, magistrates as well as mental experts, who, noting the contrast drawn in the Act between "mental defect" and "vicious propensities," and between "moral imbecility," on the one hand, and "idiocy," feeble-mindedness and more general forms of imbecility, on the other, have inferred that, in the statute-book as well as in the text-book, mental defect has this stricter connotation, and refers to inadequacy of intelligence alone.

MENTAL DEFICIENCY AS AN ADMINISTRATIVE CONCEPT.

I would, however, strongly urge that "mental deficiency" is, at bottom, not a genuine psychological term at all. It marks a legal or administrative category. The ultimate criterion is social inefficiency. Yet not all social inefficiency is proof of mental defect. The social inefficiency must in turn be traceable primarily to some condition of the mind that is either unborn, or, at any rate, emerges early. But the ultimate nature of the primary functions,

which may be thus affected, and which may thus affect efficiency, is very various. They are by no means limited to intelligence alone. Even if we refuse to admit, as a definite and independent type, moral deficiency, or emotional instability, non-intellectual characteristics must still be considered. Temperament and character, bodily health and physical strength, and even the material and social environment to be faced with such equipment, all must be taken into account before the issue of technical "deficiency" can be decided.

In this broader view, however, there are grave dangers. It is not so safe in practice as it is sound in theory. Of those obscure psychological activities that underlie social behaviour, and determine character as distinguished from intelligence, too little is known; practicable criteria and trustworthy tests for character-defect—for its nature, for its degree, for its permanence—are almost non-existent; and patients whose deficiency is purely moral or temperamental need measures quite different, and institutions quite separate, from those required by the more familiar cases of intellectual defect. Hence, with all this ambiguity of terms and difference of opinions, we should, as I shall presently urge, be particularly chary of describing as mentally defective a person whose intelligence is normal or nearly average.

Finally, the distinction between these two contrasted aspects of the mind—the intellectual and the emotional—is not rigid or complete. The mind functions as a whole. Personality is one. A defect of temperament must inevitably impair intellectual efficiency; a defect of intellect cannot fail to impede the development of character. With dull and lethargic emotions, a low-grade intellect appears, even in tests designed specifically for intelligence, doubly incompetent. And, with a weak and undeveloped intellect, a person of strong emotions and violent instincts becomes yet more incapable of co-ordinating his impulses and controlling his passions.

With these reservations, then, this is the interpretation I give to the term "mental." I take it to cover those innate and permanent general qualities of the mind to exclude alike specific capacities, acquired intellectual attainments, and acquired peculiarities of character.

II. THE MEANING OF "DEFICIENCY."

We have now to define the second term of the original phrase, the term "deficiency." Amentia, we have seen, means absence of mind. But absence of mind is, of course, merely relative. No persons are born literally and entirely destitute of mentality. They can be born only with minds less efficient than the majority. How defective, therefore, must a person's mind appear before he can be deemed technically "deficient?"

DIAGNOSIS.

The degree of mental inadequacy is always the crucial question upon which diagnosis turns. It involves a scientific study of the child's personality, and this

in turn, particularly with temperamental cases, can at times be made, if made at all, only with expert observation in a psychological clinic, or in some school or residential institution that may serve the same purpose. The results of observation should be sought and recorded systematically according to some pre-conceived plan of psychological functions and conditions. The broad headings which for this purpose, I find most convenient, may be classified, in popular terms, as follows:

PSYCHOGRAPHIC SCHEME.

- I. Environment.
- II. Personality.
 - A. Physical Functions:
 - B. Mental Functions:
 - I. Intellect:
 - a. Inborn Capacities: (Psychological Abilities).
 - i. Specific capacities (attention, memory, etc.).
 - ii. General capacity (intelligence).
 - b. Acquired Capacities: (Pedagogical Attainments).
 - i. Specific attainments (linguistic, arithmetical, manual, etc.).
 - ii. General attainments (general educational ability).
 - 2. Temperament.
 - a. Inborn tendencies.
 - i. Specific instincts and emotions.
 - ii. General emotionality.
 - b. Acquired tendencies.
 - i. Specific sentiments and complexes.
 - ii. General stability of character.

(1) For those accustomed to think in more technical language, I may repeat that "intellect" is used loosely to include psycho-motor as well as cognitive capacities; and temperament to include conative as well as affective capacities.

With the patient's environment and with his bodily condition, we are not here concerned. Both, however, must influence diagnosis. Among border-line cases, a relatively bright child, incapacitated by some marked physical disability, or situated in hopelessly poor home circumstances, will at times be certified as legally defective, while a slightly duller child, labouring under no such disadvantages will be passed over as technically normal. Such cases are exceptional; in the sequel I shall have in mind chiefly persons whose environmental and physical conditions are roughly average, recollecting, of course, that along the lower strata of an industrial area average conditions are always a little subnormal.

(To be concluded).

Some Rambling Experiences in the Training of Low-Grade Defectives.

BY MARGARET MACDOWALL.

A true man wants to move the world if he can; he is not satisfied with taking a stone out of the way if he can lift the earth itself to a loftier level."

—A. T. Pierson.

THINKING for a moment of education as a whole, I consider we teachers of these little ones hold an exceedingly responsible and important position therein. We are, as it were, dealing with the foundation of the building, the source of the river, the very ends of the roots of the tree. In each case the whole depends on its beginning.

There is an old saying: "Take care of the pence, and the pounds will take care of themselves." Every farthing we save helps the nation by some means. How much more, then, shall we help by our efforts, by giving ourselves, soul, mind and body to raising these children from labour-taking inefficient to labour-saving self-helpful citizens; even if it takes two to carry water or hew wood, they set a more able person free for more effective work.

Mercier says "Education is a preparation for life, to fit the child for life when he is no longer a child." I ask everyone to consider well the needs of this section of humanity, and their absolute right to have the best preparation possible, so that their maturity may be borne with dignity and happiness, instead of being objects of disgust and too often unwilling, inefficient service. I do not believe that any human being need be merely the subject of pity and forced attention, except through his own fault. If all that are helpless, in body and in mind, could be recognised as given to increase our knowledge, each medium would be respected as suffering either actively or passively for the common good.

We are seeking digestible food for the minds and bodies of those who have no desire to express themselves, either physically or mentally; or who desire so much that there is a constant overflow of energy—disorder reigns, and nothing is expressed. The process reminds me of Southey's "Waters of Lodore":—

"And dinning and spinning,
And foaming and roaming,
And dropping and hopping,
And working and jerking,
And guggling and struggling," etc.

When such a case is given us for education, we know he has not paused long enough to register his impressions. He can often run aimlessly about, and as a rule his desire is to destroy, and to throw everything away. He is possessed by active negativism; the fact that he is desired to go in one direction would make him wish to go in another. Dr. H. C. Cameron's book, "The Nervous

Child," teaches us much about negativism and how to overcome it. All our efforts must be in suggesting quietness. I have been successful with some children by training them to rest; giving gentle, soothing movements so long as they offer no resistance, changing the second it appears, as resistance is the thing we are trying to wear out.

We must bear in mind that this little mind is always in a tumult, and that tumult loves tumult. He cannot resist trying to *stir* us to irritability. The longer we refrain, the more hopeful the process. When the child realises we are not to be moved to tears or their like, but only to laughter, he will give up his active resistance, and consent to be guided.

The early history of these restless cases is an unhappy infancy, sleeplessness, constant crying, and generally there has been great difficulty in getting a food to agree with and nourish them. I believe that if unnaturally restless babies were taken in hand from birth, and were kept quiet, with no change of nurse or scene, much suffering might be saved.

Children of the opposite character are spoken of as such good babies. They seldom cry; they have lacked the needful nourishment to awaken desire, and make practically no observations in babyhood. They therefore remain a bundle of potentialities only, until it is realised that there is something wrong. Fifty years ago such children often grew to manhood and womanhood without getting greatly further than they were at birth. In these days the trouble is noticed during the first year, and efforts made to rectify it when the child is four or five years old.

I find very helpful Sir Clifford Allbutt's words: "The child tosses not his limbs in meaningless effervescence. He unwittingly weaves mansions in his brain." Our part is to help him to build his mansions, to create in him the desire to know, to possess, and later to express.

It is probably difficult for people to get a clear idea of a child who never moves by his own will, who loves best to be carried everywhere, who would be greatly more inert than an infant of four weeks old; who will sit before food within reach and make no effort to take it, though the act is within his power.

We begin by putting such a child on his back on a table, and tossing his limbs for him, singing and talking, making his exercise as attractive as possible; getting him to sit up and lie down; stiffening the muscles as he is able to bear it; trying to give the natural movements of an infant; strengthening every part of the body in readiness for balance later on. We use a little chair with wheels and a stick through the arms, so that the child is quite safe. The chair must be just the right height for the feet to be comfortably on the floor. Then we kneel on the floor and go backwards, taking his feet in our hands, and teach him to step rhythmically. By and by we feel that he is moving by his own will. We then put attractive things about the room, and in time he goes because he wants to, and the foundation of the mansion is begun! Balance and self-guidance are not far away.

Movement in this case is our watchword in opposition to *Rest* for the rest-less cases. We must get it in every possible form, making it attractive enough to move the little one to laughter, and to desire more. It is well to bear in mind that we must never persist in movement that a child resists, or we defeat our end by developing the muscles we are not dealing with.

One of our chief temptations is to guide and help too much these children who have no desire to express, and also children who are paralysed or physically defective from any cause. It is not inspiring for us to think that because they are helpless we must not expect them to overcome, that we will lead and guide them through life, giving them bodily aid. We must exercise self-control, and help them with our minds only, and train the children to depend on themselves, each moment letting them do every mite they are capable of by their own will; feeling each day has been ill-spent if we have not added something to their power. It is much harder work to stand at the foot of a staircase, fixing our attention on a child going up alone, than to lead or carry him up, but to the child's future it makes all the difference in the world:—

“ Love has two elements; the elements of severance, which is only an appearance, and the element of union, which is the ultimate truth.

“ Just as when the father tosses his child up from his arms it has the appearance of rejection, but its truth is quite the reverse.”

Tagore.

I have spent much time and thought upon the best way of gaining the interest and attention of a class of children in these first stages. I have come to the conclusion it is by touch. We comfort infants always by touch, and these little ones need the same treatment.

We must imagine five or six little ones who have not great interest in their surroundings or in each other; I find that a handshake all round stirs them, as they look for their turn, and watch the process. The temperament of each child needs consideration, and the shake must be done in a manner likely to attract the individuality of each member. Sometimes getting them all to hold a bright hoop together is successful. Some action in unison is the best thing. The greater difficulty is to know what to *say*. So few children in their beginnings understand the meaning of words—with the exception of nouns. If we say “ Fetch me a *book*,” or “ Put it on the *table*,” “ *floor* ” or “ *chair*,” the command will probably be obeyed quite quickly because the nouns are familiar to the children. If the same commands were given in connection with unknown nouns they would not be understood. When the children are given beads to thread it is possible for some to make good progress by imitation of action alone. Those who are unable to imitate make none, as they are dependent on the understanding of words. We have found it well to have a set of apparatus to help us to teach definitely the meaning of words it is necessary to understand before a simple action can be executed with the knowledge that makes it a step to progress. We begin with the words “ up,” “ down,” “ on,” “ off ”; the little

posts and rings* are very attractive to babies. When a very simple putting on or off can be done we spread our expressions by doing it in as great a variety of ways as we can think of. The stand and balls form a starting point for the words "in, out, under, over, through"; then we put chocolate into the mouths as an example of things we must *not* take out! Pockets are a help, and letting the children climb *under* and *over* a table makes a good active illustration of the words.

Our aim should be to give our children as far as we can what normal infants take for themselves, and gain power because they want it. We must stir them to desire by our own activity, and make up to them for their dormant years of babyhood.

Before passing on to Stage 2 I want to say that it is impossible to exaggerate the importance and value of training these children into regular habits of cleanliness. If we are able to give self-control in this respect during the first educational period, it means so much to the child throughout life that it is worthy of our best intelligence to plan methods for overcoming weakness, and bringing the organs of excretion under the control of the child's will. It *can* be done, *but* it depends on the will of the guardian; it is uphill all the way until the habit is formed.

We now come to a stage higher. It is probable that the powers and experience of our pupils may be limited through life. We must therefore bring them into touch with the limitless as early as possible; we must give them the most powerful ideals in the world, and teach them to know, love, and serve God through Jesus Christ, remembering that in the words of Bishop Creighton, "All true education consists in the laying of one soul by the side of another soul." I have quoted these words before; I hope I may again and again. It is difficult to lay our own souls by the side of the souls we are dealing with. They are reserved, closed, as it were, and it takes time to get them to expand enough to open even a little way—but however difficult, however long, it is worth while over and over again.

I have in my mind three Mongol boys and one girl between six and nine years old. They could not walk alone, speak or feed themselves, and had not even a measure of self-control at the beginning of their training. They are now correct in their habits, all feed themselves with spoon and fork, and are learning to use a knife; they have been through their preliminary stages; can put on and take off their clothes, and are progressing with the much more difficult buttoning, lacing, and hooking; they know their letters, most ordinary common objects by name, and pictures of animals; they can obey commands, and have a fine social spirit—they don't like to be left out of anything. They have got beyond the stage of separate actions, e.g., bead-threading, and have sustained attention enough to go on with work unaided, e.g., sewing on cards or canvas.

Their speech is limited to names of people, animals, and objects, but they

* See my book on the subject:—*Simple Beginnings*.

realise that "me" means themselves, and also can use "yes" and "no" correctly. We are striving for language, but the *desire* to express much in words is not developed. We are teaching the uses of all common things trying to get abstract ideas in connection with pictures of people and things they know, and they are beginning to read. One member of the little class learns at sight easily and his memory is good, exceptionally so for his type and grade. His understanding of the words is hardly so great as the more silent members, who must have some hooks to hang their words on before they can remember them. We have the making of the hooks as we teach; the storehouse of connections is nearly empty; impressions have not been registered, so that each new thing we attempt to teach has to be done with the concrete wall before us. Names like 'cat' and 'boy' are learned with pleasure and remembered, but words that we cannot give a concrete example of are much more difficult. We are taking "the" as a word that goes before, a pointer—'and' as a joining word; we have large coloured separate words, we put 'and' between two pictures or a toy cat and dog, and let two children each hold a corner, and stand in line; the word 'the' is put first, thus to the children a living sentence is formed:—

"The cat *and* dog *and* the boy *and* girl."

We pass on to the children who can wash and dress themselves, use knives and forks, read and write, and do a little adding and subtracting; they can drill and dance very fairly; most of them ask and answer questions in varying degrees of intelligence. We must steadfastly turn our thoughts to the preparation for life when childhood is past, and though it is our duty to live in an atmosphere of *hope*, judicious selection must be our guide in our choice of subjects. It is important that children should express themselves in words; we therefore give time to spelling and composition, and let good handwriting follow when self-expression, however simple, is mastered. Many people will disagree with this I am sure, but if the children are to speak intelligently they must be taught to form their sentences and write them down. It is quite impossible to choose a method of teaching reading, as each child in a small class may need a different one. Reading books should be chosen with a view to helping the children's knowledge of things they come in contact with in everyday life. In teaching number, the chief aim should be to enable the children to understand money, to give and take change. Time-telling is very important; abnormal children do not realise how long it takes to do things, and do not acquire a real knowledge of the passing of time, unless their attention is constantly directed to it. This is to be accounted for by their lack of responsibility as time-keepers, which might be made more a point of with advantage. The days of the week, and date of the month, and the year should be kept present with the children; it helps progress. *Any* movement should be made the most of, and dates do not stand still.

We have thought of purposes, and have spoken of teaching children how to act so as to achieve them. Mercier says: "Children are to be taught to know, but they must first be taught to do, and it is in doing that knowledge is most

naturally, most easily, and most tenaciously acquired." He quotes a letter of Sir Clifford Allbutt, who says, "That in action there is a certain pregnancy, that by action is developed inward rudiments, which left unprovoked would die unborn, that the limbs in their adventures have a wider compass, awaken wider responses, lay up in the nervous system, and bring into gear, much beyond the design of their immediate purpose."

Let me give an example of a child who has been trained to act, and one who has always been acted for. I was watching two typical low-grade Mongols, one twelve, just come to school, the other six, in training from three years old. The elder child has the greater mental power. The six year old took his twelve year old companion by the hand, dragged him as far as the staircase, placed his hand on the bannister, then went behind him and gave him a push with both hands; feeling his responsibility at end, he took himself to another staircase and ran up. The elder child was quite unresisting, and stood where he was placed, until told to move.

Reconstruction is much in the thought of everyone at present, and the welfare of the feeble-minded is not left out. I hope the day is not far distant when a more natural, fuller, freer life will be given them; when people who are true to the normal will think it a pleasure and privilege to mix with them and help to draw out and to heal. Perhaps a variety of recreation is needed more than anything else, as there is nothing so quickening as the lightning of laughter."

News and Notes.

Post Graduate Course in Mental Deficiency, May 31st, June 5th, 1920.

Eighty-two Medical Officers (73 men and 9 women), representing work for defectives in England and Wales, Scotland and America, attended the first Post Graduate Course in Mental Deficiency arranged by the Senate of the University of London in conjunction with the C.A.M.D. The large majority of the students were School Medical Officers, but many Certifying Officers of Local Authorities, Medical Officers of Workhouses and some general practitioners also attended the Course.

Eight morning lectures were given at the University by Dr. Tredgold, Dr. John Thomson, Dr. Langdon Down, Dr. Potts and Mr. Cyril Burt, and three evening lectures on Forms used by School Medical Officers were given at the Royal Sanitary Institute by Dr. F. Shrubsall.

The practical work of each student was planned on individual lines, so that small groups of students, in the afternoons, were given opportunities of attending clinical demonstrations, by experts, of interesting cases of defect, rota and admission examinations at the London County Council Special Schools, and at Special Schools in Hornsey, Willesden and Croydon, and demonstrations at Homes and Institutions for defectives in or near London. Whole day visits were paid to Darenth Industrial Colony, the Royal Eastern Counties Institution,

Colchester, Chalfont Epileptic Colony and Farmfield State Institution, Horley. The Fountains Institution for low-grade Children and the Royal Earlswood Institution were also visited.

Many students availed themselves of the opportunity of buying standard works on Mental Deficiency which were displayed outside the lecture room at the University.

The Senate of the University have decided to grant certificates to those students who attended both lectures and demonstrations regularly. These will be issued shortly.

An "overflow" Course, for those applicants who could not be admitted in May, will be held during the week, **October 18th—23rd, 1920**. No further applications can be entertained for this second Course, but it is hoped that further Courses will be held next year and in future years.

Short Course for Teachers of the Mentally Defective.

The C.A.M.D. has just held its eighth Short Course for Teachers of the Mentally Defective at Manchester. The teachers attending were for the most part taking the more advanced course and have had considerable experience in the teaching of the mentally defective. Accommodation was secured at two University Halls of Residence and permission was obtained for the lectures to be given at the University. In addition to these which were on medical psychological and educational subjects, classes in Physical training, singing games and in various forms of manual work, such as wood work, metal work, basket making and chair caning, varied occupations, were held.

The students visited the Day Special Schools at Manchester, Bolton, Oldham and the Special Class at Stretford, Sandlebridge Colony, Soss Moss Epileptic Home, the Royal Schools for the Deaf, Henshaw's Blind Asylum, the Crimsworth Schools, Salford Open Air School, the Alice Briggs Home for Delicate Girls and the Swinton and Parkfield Residential Schools for Cripples. They therefore had ample opportunities of seeing schools of many types.

These Courses are held at the request of the Board of Education, and grants towards expenses are made to selected students.

Birmingham Special Schools After-Care Committee.

The above Committee has just presented its report to the Education Committee, the first since 1915, owing to the war.

The total number of former Special School children on the books of the Association is 2,282. In addition they also visit all cases, whether ex-special school children or not, who are now under the care of the Local Statutory Committee and are still remaining in their own homes. The number of defectives thus visited in 1919 was 250. The Association receives a grant from the Local Statutory Committee and the Board of Control in respect of this branch of their work.

The Statistical Tables shew that since 1915 126 males and 112 females who

were previously in Special Schools have been sent to Institutions. Much useful information is given in these tables under various heads.

The number in employment is larger than ever before recorded, i.e., 950 in 1919, but attention is drawn to the fact that after the age of 22 the number diminishes relatively as well as actually, shewing that mentally defective persons tend to lose their situations and fail to gain others in adult life. The wages earned vary from 7/- to £6 in the case of men, the latter wage being earned by a moulder, and from 6/- to £2.10s. in the case of women. The committee feel that the large number in employment is not entirely due to the great demand for juvenile labour, but also to the system of placing from the Special Schools selected children between the ages of 14 and 16 with approved employers, on condition that these children return to school for one half-day a week. This system will cease after the "Appointed Day" for compulsory attendance at Continuation Schools. Such schools for mentally defective children are not contemplated so they will necessarily all be required to attend Special Schools till 16.

Attention is drawn to the great difficulty of placing cases owing to the lack of institutional accommodation. A new Residential School however has just been opened at the Guardians' Colony at Monyhull. It is managed by a joint Committee of the Board of Guardians and the Education Committee, and children are sent there for whom for various reasons satisfactory provision cannot be made in Day Special Schools. Such children who need institutional care after attaining the age of 16 will it is hoped then be transferred to the adult section of the Colony.

Essex Voluntary Association.

A meeting of Essex and East Ham local visitors was held at the County Council Offices, Finstury Circus, E.C.2, on May 7th, 1920. About 150 persons attended and a good deal of interest was shown in subjects under discussion.

The Chairman in her opening address emphasized the increasing usefulness of the work of friendly visitors in assisting not only certified defectives but the very much larger proportion of persons in whose case some degree of mental inability is giving rise to anxiety and may in the future lead to crime.

The Chairman outlined a scheme adopted by the Essex County Council by which a mental expert (Dr. T. P. Puddicombe) had recently been appointed to examine and report on puzzling cases for the (1) County Education Committee, (2) Petty Sessional Courts, (3) Local Authority under the Mental Deficiency Act, and (if the grant is forthcoming), cases receiving relief which, under Section 30 (ii) of the Mental Deficiency Act, appear to be outside the statutory duties of the County Committee so far as a medical examination is concerned. The Chairman mentioned that through the assistance of the police, charges of certain crimes specified in the recent Prison Commissioners' report as those most commonly committed by weak minded persons would be referred to the Association for enquiry. On the result of such enquiry the Court would be in a position to decide whether the facts justify a remand for the purpose of medical examin-

ation. It is anticipated that this scheme will be productive of far reaching effects, not only in securing care and control for certifiable defectives, but also in ascertaining the relationship between crime and mental inefficiency.

Dr. Helen Boyle, one of the speakers, advocated boarding out defectives in single care as a satisfactory method of dealing with defectives. An interesting debate took place on the respective advantages of institution care and otherwise, the opinion of the meeting being generally in favour of institution care. The meeting considered that not only was the difficulty of finding suitable foster mothers almost insurmountable, but the need for specialised training for the low grade young defectives and the moral danger in regard to the higher grades made special care in an institution indispensable for those whom the parents themselves were unable to control and safeguard.

Dr. F. Douglas Turner gave a very valuable address on various practical aspects of the problem.

During the afternoon Dr. Emlyn Jones, district School Medical Officer for Essex gave a lantern lecture on defectives which was greatly appreciated. Keen discussion took place throughout the day.

Ipswich Occupation Centre.

This centre which has been started by the Ipswich Voluntary Association has now been open a month, and promises to be a great success. It is in care of Mrs. Gummer, who till recently was at the Lilian Greg Centre, King's Cross. The Committee have deviated a little from the original plan, and it is at present being run entirely for uneducable children instead of being open at certain times for higher grade older defectives as well. It is open daily from 9 to 12. There are 12 children so far on the roll, all of whom attend regularly, and an improvement has been noticed even in the worst cases.

Meanwood Park Colony.

The Meanwood Park estate has been purchased by the Leeds City Council and is now open as a Certified Institution. It consists of 175 acres of park and woodland, well-stocked gardens and fruit trees and a large mansion, called the Hall, farms and cottages. It is at present certified to accommodate 97 patients, 87 children being in the main building, and 10 feeble-minded young men in a cottage in the grounds, who are employed in boot repairing, gardening and farmwork. It is the intention of the Council to extend the Institution by building small homes in the Park, using the Hall as the central administrative establishment.

The children in the main building are low-grade defectives, some of whom are also epileptic. All of them, even the lowest grades, receive training under the direction of a qualified Kindergarten teacher, assisted by teacher attendants. They are for the purpose graded into small classes, and the results have been most gratifying.

The Colony was formally opened on June 3rd, by Sir William Bryne.

Stourbridge Union.

This Institution has now been certified under Section 37 of the Mental Deficiency Act and the Guardians are prepared to take out-county cases. The cost of maintenance will be 24/6 per week. At present the following cases can be taken:—Improvable boys, improvable men, unimprovable men, unimprovable women. About the end of July the Guardians hope to be able to take:—Improvable girls, improvable women. The Guardians will also take epileptic adults, male and female.

Borderland Home.

The Home recently opened at Crowborough by the East Sussex Voluntary Association has been transferred to St. John's Home, Kemp Town, Brighton, where there is accommodation for 12 girls. Charge 15/- a week, and outfit. Apply to Miss Scott, County Hall, Lewes.

Hopwell Hall Colony.

The Nottinghamshire Education Committee have taken over the above institution which was certified by both the Board of Education and the Board of Control and was under the care of the Nottingham and Notts. Association for the Permanent Care of the Feeble-minded. It is to be used as a Residential Special School for Children in the County.

Eugenics Education Society.

The third annual Summer School of Eugenics and Civics will be held at Herne Bay from July 31st to August 14th. Courses of lectures will be given on Social Psychology, Heredity in relation to Eugenics, the Teaching of Biology, the Modern Citizen, the Social Application of Eugenics, and there will be discussions in connection with these lectures.

Two NURSE ATTENDANTS, domesticated, needlewomen, in home for feeble-minded children in Sussex, required. Experience in work for defectives as recommendation.—Apply R.D., c/o C.A.M.D., Queen Anne's Chambers, S.W.1.

SPECIAL GOVERNESS required in September for boy aged 9, near Birmingham. Write, with full particulars of qualifications, etc., to X., c/o C.A.M.D., Queen Anne's Chambers, S.W.1

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MENTAL DEFICIENCY

BY

A. F. TREDGOLD, M.D., F.R.S. (Edin.)

Fellow of the Royal Society of Medicine; Consulting Physician to the National Association of the Feeble-minded; Consulting Mental Specialist to the Willesden Education Authority; Vice-President Central Association for the Mentally Defective.

Bailliere, Tindall & Co., 8, Henrietta Street,
Covent Garden, London, W.C.2.

Correspondence.

TO THE EDITOR.

DEAR SIR,

In your last number you published an interesting article by Dr. F. Douglas Turner, on "Institutions for Defectives." I hope that if I venture to criticize it on one main point I shall not be thought to be unappreciative of the value of much in it.

This point is Dr. Turner's plea for the large institution. Indeed, the word "large" hardly seems to me adequate: an institution for two or three hundred patients would seem to most people large, and Dr. Turner, while thinking that "the tendency will be to have institutions containing a thousand or twelve hundred patients," would personally prefer one with "not more than six or seven hundred," because he thinks "this is the largest number a superintendent can keep in actual touch with, and it is important he should have a personal interest in all his patients."

I sincerely trust he is wrong about the tendency favouring mammoth institutions. I had thought that the mammoth institution was deservedly falling out of favour and coming to be recognized as a mistake of Victorian social organization. Certainly this is the feeling of very many whose experience gives them every right to judge. Some of us have hoped for a new temper of social philanthropy which should take into account much in the way of homeliness and humanity which cannot well be tabulated in statistics: something that has seemed to us to belong rather to the small home, with its intimacies, than to the large institution, with its necessary abundance of routine.

But what I am concerned to point out especially here is that other authorities, for instance, Professor G. Elliot Smith, M.D., and T. H. Pear, B.Sc., in their little work, *Shell Shock*, disagree markedly with his opinion that a superintendent can take a personal interest in each of six or seven hundred patients,

If it is urged that Dr. Turner is thinking, not of medical attendance, but of personal interest, I venture to state categorically that he is wrong in supposing that an average superintendent can keep in actual touch with and take a personal interest, really worthy of the name, in even five hundred patients—that it is only quite an exceptional person who can take a continued daily personal interest in more than three or four hundred persons. (I have heard that similar considerations have led public authorities in providing for children to favour small homes: and what applies to normal children applies with more force still to great numbers of the mentally defective.)

What Dr. Turner says about classification in a large Institution is, of course, obviously true. The larger the number to be classified, the easier to divide them up so as to secure about the same degree of defect in each class. But the advantage has its reverse side. The more you classify, obviously the less you individualize. In the mammoth institution it will be inevitable that interest centres rather on the class than the individual. In smaller homes there will still be classification: this is inevitable. But there will be something which is better than classification, viz., individualism. The only intelligent object of classification, after all, is to adapt treatment to capacity and requirements. The danger of classification,—the danger which besets every large institution, our public schools, for instance,—is that while grouping people together on the grounds of their similarities in one point or another, it is apt to lead to their receiving identical treatment in all respects, to overlook their essential differences as individuals.

Dr. Turner considers it inconceivable that county authorities will set up a system of small homes. The points he presses against such a system amount in effect to the single objection that "the expense will be prohibitive." I urge most strongly in reply to this objection that it will be short-sighted indeed to let the consideration of the immediate expense in pounds, shillings and pence in-

volved weigh with us in considering the treatment of this question. Where the salvaging of human material, the raising the standard of human possibilities, is concerned, money is well spent, and the best will be the cheapest in the long run.

I am, etc.,

A. H. BAVERSTOCK,
Rector of Hinton Martel, Wimbourne.

TO THE EDITOR.

DEAR SIR,

I should be glad to know whether it is the custom for a Local Authority who takes up the case of an "educable" feeble-minded child before the age of seven, to refer the child back to the Education Committee when he reaches that age, or whether the fact that the case required dealing with under the Mental Deficiency Act, would imply it should always be the responsibility of the Local Authority who would, of course, see that the child was "educated" in an Institution for high-grade defectives?"

I am, etc.,

C. LANDON,
Devonshire Voluntary Association,
Exeter Bank Chambers, Exeter.

Book Reviews.

GENERAL PSYCHOLOGY, by Walter S. Hunter.
Cambridge University Press, 1919. Price
12/-.

The structure of this book is an interesting variant on familiar text-books of psychology. After a brief introductory chapter on the subject-matter and methods of the science, the student is plunged at once into the technical field of animal psychology. The author admits in his preface that this chapter is "the least well rounded and comprehensive"; and this is true. It is so because many of the integral topics, as, e.g., instinct and habit, are postponed to later sections, where their more general treatment is possible. This is an inevitable outcome of

the chosen structure of the book, and is clearly one of the disadvantages of reversing the more usual order of treatment, and failing to introduce the student to the general concepts of the science before dealing with specialised questions. The same difficulty and dissatisfaction arises throughout the first part of the book, which discusses individual and applied psychology, abnormal, social and racial psychology in turn. Yet we agree that there is much to be said for taking the student immediately to the concrete practical issues of these special aspects, which are indeed the main growing points of psychology to-day. Normal human adult psychology has undoubtedly been overstressed in elementary studies in the past.

There is much in the book that is controversial from the standpoint of general theory, but as a whole it shows the sensible and balanced attitude which one requires from a text-book. The author's way of dealing with, for example, the issue between the behaviourist and the introspectionist is a simple one, that of claiming that the subject matter of psychology is divisible "into two significant classes: the facts of consciousness and the facts of behaviour." One feels that the writer is at least a behaviourist, but he is too scrupulous to deny validity to facts which will not yet fit into his cherished system. Other Gordian knots are cut for the beginner by concise definitions which avoid controversy, e.g., "*By behaviour* is meant *the muscular and glandular activity* of an organism"; a tropism is "any inherited form of response in animals devoid of a nervous system"; "an instinct is an inherited co-ordination of reflexes."

The second part of the book deals with general human psychology, and is admirably consistent in its treatment. Biological background and experimental method are assumed throughout, and the fruitfulness of these two inspirations is clearly shown. The author rightly insists moreover on the inter-relation of the various fields of psychology. The general psychologist is now everywhere laying

under toll the specialised contributions of abnormal, social and individual studies; it is no less essential that the worker in each of these departments should broaden his outlook by a familiarity with the main trends of other sections and of normal psychology as a whole. Professor Hunter's book will stand as an extremely useful general account for such specialised workers. This is in fact its main point of interest and merit for students of mental inefficiency. The chapters of particular interest to these, on individual and abnormal psychology, are too abbreviated to yield anything of fact or principle to knowledgable workers in this field. Yet we recommend it strongly to readers of this journal as an admirable survey of the present situation in psychology.

SUSIE S. BRIERLEY.

THE NERVOUS CHILD, by Hector Charles Cameron, M.A., M.D. Hodder and Stoughton. Price 6/-.

This book is written by a man who loves children and who has studied not only the sick, but also the healthy child. An intimate knowledge of both is necessary for a full appreciation of the book which should be read by all who have the care of children and love their work. It gives most helpful suggestions as to how to deal with both normal children and those of a nervous temperament.

It is impossible in a short notice to do more than give a very brief outline of the book. Six chapters are devoted to giving advice on the management of children in general and the remaining eight on that of exceptional children. According to Dr. Cameron, the key to successful management is a healthy environment, and to secure this self-discipline and training is essential. If those who have the care of children are calm and cheerful the children will tend to be the same. Healthy natural impulses must not be checked. "The hasty slap is nothing else than the motor discharge provoked by the irritability of the educator . . . and the child who is a good observer on such points discerns

the truth and measures the frailty of his judge."

Dr. Cameron points out how large a part general negativism plays in those very difficult cases where there is constant refusal of food and how over anxiety merely increases this symptom. "The one way to banish negativism is to cease to oppose, and to practice this aloofness not so much at meals, but in all our conduct to him."

The chapter also on want of appetite is helpful. A suggestive example is given of a child who vomited regular at the mere sight of the cloth being laid, but never when in the care of a particular nurse, whose management of him was particularly restful.

Many suggestions for dealing with particular difficulties are given, but the main argument of this most interesting book is that a healthy and rest-giving environment is essential if the "Nervous Child" is to be cured.

This book will be a real help and enjoyment to those who feel that a doctor's visit should result in something more than bottles of medicine.

If we can judge from the reputed condition of French children born in 1870, the rising generation of small children is likely to have a large proportion of nervous children among them; this makes Dr. Cameron's study all the more important at the present time. All those concerned with the care of children should not only read the book, but have it in their possession.

W. G. RICHARDS, M.B. (Cant.)

Recent Publications.

Books.

✓ MENTAL DEFICIENCY, by A. F. Tredgold. Third edition. Bailliere, Tindall and Cox. 25/- net.

✓ PSYCHOLOGY OF THE NORMAL AND SUB-NORMAL, by Henry Herbert Goddard, A.M., Ph.D. Kegan Paul, Trench, Trubner and Co., Ltd. 25/-.

✗ MENTAL HYGIENE OF CHILDHOOD, by William A. White. Heinemann. 6/-.

TREATMENT OF NEUROSES, by Ernest Jones, M.D., M.R.C.P., London. Bailliere, Tindall and Cox. 10/6 net.

A MANUAL OF NEURASTHENIA, by Ivo Geikie Cobb, M.D., M.R.C.S. Bailliere, Tindall and Cox. 12/6.

PSYCHOANALYSIS, by Barbara Lowe. George Allen and Unwin. 5/- net.

MIND AND CONDUCT, by H. R. Marshall, Morse Lectures. Williams and Norgate. 7/6 net.

THE NEW PSYCHOLOGY AND ITS RELATION TO LIFE, by A. G. Tansley. Allen and Unwin, Ltd. 10/6.

EDUCATION AND SELF-REALISATION AND SOCIAL SERVICE, by F. Watts, M.A., Lecturer in Psychology at Manchester University. University of London Press. 7/6.

PROBLEMS OF POPULATION AND PARENTHOOD. Second Report and Chief Evidence of the National Birthrate Commission, Chapman and Hall. 25/-.

NEUROLOGICAL AND OTHER PAPERS. Reprinted from the writings of John Michell Clarke, M.A., M.D. Simpkin, Marshall and Co. 10/6.

MENTAL TESTS, by P. B. Ballard, M.A., D.Litt. Hodder and Stoughton. 6/-.

THE ALMOSTS, Dr. Helen McMurchy. Constable and Co.

GUIDING IN INSTITUTIONS, Girl Guide Headquarters, 76, Victoria Street, S.W.1. 6d.

NEW CHILDREN, talks with Dr. Maria Montessori, by Mrs. A. Hutton Radice. Hodder and Stoughton. 4/- net.

NEW SCHOOLS FOR OLD, by Evelyn Dewey. Dent and Co. 8/-.

Publications of the Training School, Vineland, New Jersey.

EDUCATIONAL TREATMENT FOR DEFECTIVES, by Alice M. Nash and S. D. Porteus.

BINET TESTS AND DIAGNOSIS, by S. D. Porteus.

PORTEUS TESTS, VINELAND REVISION, by S. D. Porteus.

Government Publications.

To be obtained of H.M. Stationery Office, Imperial House, Kingsway, W.C.

Ministry of Health.

Consultative Council on Medical and Allied Services.

Interim report on the future provision of Medical and Allied Services. 1/-.

Board of Education.

List of Certified Schools and Institutions for Blind, Deaf, Defective and Epileptic Children. 6d.

Regulations for Training of Teachers. 9d.

Notices.

The Church of England Zenana Mission, Vapery, Madras, have approached the Government Educational Department with a view to starting a Home for Mentally Deficient Indian children. They have asked the Government to provide the salary of a trained and experienced worker. Meanwhile they are anxious to hear of a qualified person who, in the event of this grant being made, would be willing to go to India with a view to starting this Home for Indian children.

Conference.

A joint Conference of the Central Association for the Care of the Mentally Defective and the National Special Schools Union will be held at the Church House, Westminster, on Thursday, Friday and Saturday, November 25th, 26th, 27th. The Rt. Hon. H. A. L. Fisher, President of the Board of Education, has promised, subject to his Parliamentary engagements permitting, to address the opening session. Detailed particulars will be announced later.

Lectures.

A Course of eight Lectures on "Mental Defectives and their Training" will be given at the Midland Institute, Birmingham, by Dr. G. A. Auden, on Friday evenings at 6-15, from September 24th to November 12th, 1920.

STUDIES in MENTAL INEFFICIENCY

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XL *158* The Definition and Diagnosis of Mental Deficiency.

PART II.

BY CYRIL BURT, M.A., Psychologist to the London County Council.

DIAGNOSIS OF TEMPERAMENTAL DEFICIENCY.

SUSPECTED deficiency of temperament, which provides by far the more perplexing problems, we may perhaps consider first. It is here that the psychographic scheme needs to be followed with great thoroughness and to be filled in with greatest detail. With these cases the question as to degree of deficiency resolves itself into two issues: how unstable is the patient, and what amount of instability is necessary to form a ground for his certification?

If, with some authorities, we restrict mental defect to defect of intelligence alone, then it might seem that the criterion for temperamental or moral defect was given in the statutory clause relating to the moral imbecile. The instability, it may be urged, is certifiable as deficiency when it is so extreme as to issue in incorrigible vice or crime. But, unfortunately for this interpretation, vicious and criminal propensities, however violent and refractory they may be, form, according to the statute, no ground for certification, unless coupled with signs of early and permanent defect. Hence, if mental defect implies inadequacy of intelligence alone, the diagnosis after all will turn upon the question: is the patient's intellectual inadequacy sufficiently profound to be characterised as deficiency?

If, however, as I have urged, the term mental defect be extended to cover deficiencies of temperament, as well as of intelligence, then temperamental instability is not to be identified merely with moral imbecility: it falls also under the definition of feeble-mindedness. To be certifiable, such instability need not of necessity include vicious or criminal behaviour. It need only be so pronounced

as to necessitate care and control in the interests of the patient and the community. This being so, I suggest that the same developmental level be adopted for the temperamental defective as I shall presently propose for the intellectual defective, namely, a mental age of about 8 or 9. This limit relates to institutional cases in adult life, that is, to persons who have passed the calendar age of sixteen. For younger persons the same ratio may be adopted, namely, about half the actual age; and for supervision cases a level proportionately higher. A boy, therefore, of fourteen who is so unstable in temperament as to need the same control and supervision as a child of seven or less, is, so far as degree of instability is concerned, *prima facie*, a defective in the technical sense.

It must, however, be demonstrated that the apparent defect is genuinely mental, by which I understand that it should be both inborn and also pretty general. A child's delinquency may arise as a reaction to friction at home, or as a transitory phase of adolescence; or it may affect one instinct only, for example, acquisitiveness or sex; I should not then consider the child mentally defective. That the defect is inborn may be presumed, as the Act suggests, from the fact that it emerged early and appears permanent,—the rough test of permanence being indifference to punishment, and, I would add, to other available modes of rational treatment; but more cogent evidence, such as may be gained by mental analysis or by mental tests, is always desirable. That the defect is general can hardly, indeed, be shown at all without such analysis and tests. But upon this second qualification—the generality of the defect—some, it is true, would not insist. I should, however, argue briefly as follows. First, on theoretical grounds: if only one instinct or emotion is affected, even if the affection be inborn, it yet can hardly be described as a defect of temperament; and if it is not a defect of temperament, it is not a mental defect in the sense in which I understand the phrase, that is, a defect which affects some general aspect of the mind as a whole. Secondly, upon practical grounds: if the defect affects one instinct or emotion alone, then in the present state of scientific knowledge regarding those several tendencies, we can hardly affirm with certainty that it is, in any particular case, inborn or permanent; and, indeed, the balance of probability would usually be that it was not.

What tests and methods are available, then, for diagnosing the presence and measuring the intensity of inborn general instability?

The methods are numerous, but not reliable. In the psychological laboratory the degree of emotional instability can be estimated in quantitative form by recording various physical and mental responses to standard emotional stimuli. Changes in pulse or respiration, slight involuntary movements or slight secretions of sweat, induced by the report of a pistol or the application of a pin, can be accurately registered and measured. These records have of late been used with practical success in the selection of candidates for the air-force. Individuals showing reactions beyond a certain limit have been rejected as of too unsteady a temperament. In the diagnosis of hysterical and neurotic tendencies, experiments upon associative reactions and with the so-called psycho-galvanic reflex have afforded valuable results. All these investigations, however, are still in their infancy. It would be impossible to formulate the borderline for normality in terms of an average galvanic duration. Further, the technique requires special apparatus and special experience, which are not at the command of all. The Porteus Maze tests, although designed originally to measure practical intelligence, throw much

light upon temperamental difficulties. They require only the simplest materials; and are too little known in this country. On the whole, however, for the diagnosis of temperamental deficiency the best guide is expert judgment and methodical observation.

The chief symptoms of instability to be noted in children I have enumerated at length elsewhere.* Here I need only recapitulate the principal headings and rubrics.

Observations may best be directed in order to two main levels of activity, hereditary instincts and emotions, and acquired sentiments and complexes. The former include the various manifestations of fear, of anger (pugnacity, destructiveness, violent or sulky temper), of curiosity (including the hunting and wandering instincts), of disgust (often in defectives conspicuously absent), of affection (love, in the sense of tenderness), of pride (in the sense of assertiveness, vanity and self-display), of humility (submissiveness, and certain suggestibility), of sex, of sociability (gregariousness, the herd-instinct, response to the presence of persons), of joy and laughter, of sorrow and crying, and perhaps of the acquisitive instinct (hoarding, pilfering, etc.), and the constructive instinct. The strength, the ease, the mode, with which each of these is exhibited, should be observed. The average strength of the whole may be taken as indicating the patient's general emotionality. But specific tendencies should also be remarked. It should be noted whether the emotionality, though inwardly strong, is suppressed, and whether the predominant emotions are of the weak, negative, asthenic type (fear, sorrow, and the like); or whether the emotionality is unrepressed, and the instincts predominating are of the aggressive type (anger, vanity, assertiveness, and so forth). The acquired sentiments or interests should then be analysed: those for persons—for self, father, mother, and other individuals within the family and without (brothers, sisters, teachers, playfellows); those for concrete but impersonal objects and institutions (toys, clothes, money, possessions, school, etc.), and, finally—if the child's intellect is sufficiently advanced for such to have been formed—sentiments for more abstract objects and ideals (work, duty, virtue, authority, reputation, religion, the community as a whole, etc.). It should be discovered whether these sentiments are repressed (forming 'complexes') or unrepressed; whether they are sentiments of love, of hatred, or perhaps ambivalent; and whether they are well co-ordinated; and whether they are perhaps systematically organised around some master passion, good or bad, that may serve at once to consolidate the entire character, to give purpose to the entire mental life, and to harmonise and sublimate the various instincts, so that they are no longer discrete impulses, but subdued to some higher aim. Nett strength of character or will may then be expressed as the ratio of the stability of the controlling sentiments to the instability of the several instincts and emotions.

Such analyses of character may seem elaborate; but they are indispensable. Indeed, it can hardly be reiterated too often that the mere fact of abnormal conduct is not in itself a sufficient proof of mental defect. Its basis must be probed and explored. A child may be an ingrained vagrant or a habitual thief; he may have causeless fits of violence or show himself inconceivably cruel; he may be utterly beyond his parents' control, or have been convicted of repeated sexual or even murderous assaults; punishments and rewards may have no

* See *Child Study*, *loc. cit. sup.* 'The Unstable Child.'

influence whatever upon his vicious habits and criminal propensities; and yet a close study and a careful treatment of his case may at length reveal that these tendencies were phases only, often fully explained by his environment and his history, and neither permanent in themselves, nor the outcome of any inborn general deficiency of intellect or temperament.

It is to be remembered that a large proportion of individuals of all ages among the poorer classes, and a large proportion of adolescents among all classes, display tendencies which, in the eyes of those accustomed only to the society of cultured adults, strongly suggest instability. Hence, criteria likely to convict of temperamental deficiency an appreciable percentage of the population—say, more than one-half per cent.—must be rejected. And, personally, in the absence of any concomitant approach to intellectual deficiency, I should not be eager to consider a person temperamentally defective, unless the instability was associated with causal indications, clearly pronounced and fairly permanent,—symptoms, for example, of chorea, of epilepsy, of hyperthyroidism, or marked psycho-pathic or neuro-pathic tendencies, occurring either in the patient himself, or among his immediate relatives.

One other problem under this head has still to be decided. A person may show a definite instability of temperament, but a normal or nearly normal intellect. Should such a case be certified as mental defective in the legal sense? Those who have to deal with delinquents, where the alternatives are usually a prison or reformatory, on the one hand, and a home or guardianship, on the other, will generally be disposed to certify. Those who have to examine children as they enter or leave the special schools, will usually be inclined to refrain. Upon theoretical grounds, the former course is no doubt justifiable. But, upon practical grounds, I had rather err, if error is unavoidable, in the latter direction. To accommodate side by side, whether in a school or an institution, a few highly unstable children with a group of ordinary defectives or imbeciles, who are often excitable and almost always suggestible, is to risk undoubted harm to both parties: such an association cannot fail to impair the intelligence of the one and the moral character of the other. The law has always been intellectualistic. It has been framed upon the assumption that human conduct and efficiency are dependent solely upon reason and intelligence. The excuse of the over-emotional, the plea of the victim of temperament,

Video meliora proboque,

Deteriora sequor,

finds no echo of sympathy or comprehension in the statute book. Until the social menace of the unstable is more clearly realised, until, to those whose disabilities are temperamental rather than intellectual, legal recognition and institutional accommodation are more freely accorded, any procedure must of necessity be but a makeshift.

DIAGNOSIS OF INTELLECTUAL DEFICIENCY.

Fortunately the problem of purely temperamental deficiency confronts the certifying officer only upon rare occasions. With intellectual deficiency diagnosis is simpler. By the use of tests of intelligence a decision can be reached with far greater certainty and far greater speed. As before, acquired capacities are to be carefully discriminated from those which are inborn. Poor attainments do

not always indicate poor abilities; and, while the dull are usually backward, the backward are not necessarily dull.

Tests of acquired attainments will be chiefly scholastic in character, although tests of general information and out-of-school knowledge are often highly suggestive. The best plan is to assemble ten questions for every age—ten words that can be read, ten words that can be spelt, ten mental sums that can be worked—by average or median* children of each year of school age. Attainments can thus be measured in terms either of standards or of an educational age. Inborn general intelligence and acquired scholastic attainments are, as a rule, closely correlated. The normal school standard can be deduced from the child's calendar age by the equation:—Standard=Age—6. A child of ten, therefore, who is working in Standard II., and, not being promoted thither merely for age or size, is able to do the work of Standard II., is not likely (except possibly on rarer grounds of character), to be defective, though he is very probably backward.

On the other hand, through absence, ill-health, slow promotion, or other cause, a child's apparent attainments may be much below the level of his intelligence. For these cases, some scheme designed for the measurement of inborn ability is necessary. The most useful is the Binet-Simon scale. The tests are far from perfect; and need drastic revision before they can be legitimately applied to English children.† Intelligence is measured by this scale in terms of mental age. A deviation from the normal is expressed as a backwardness of so many years, that is as so many years of retardation behind the average. The child's method of attacking the test-problems is even more significant than the mere correctness of his replies. But it is convenient to have a single summary measure. Of all those proposed, the most convenient expressions, for both ability and attainment, are those which may be termed the child's educational and mental ratios. The mental ratio is obtained by dividing the child's mental age by his chronological age. Thus, a child aged 12 years 6 months, with a mental age of 7.5 years has a mental ratio, or intelligence quotient, of 60 per cent. The educational ratio is computed similarly. On the average, as investigation will show, this ratio tends to be constant throughout school life. Thus, if at the age of 5 a child has a mental age of 4, and, therefore, a mental ratio of 80 per cent., then at the age of 10 he will probably have a mental age of 8, and have reached Standard II.; at the age of 15 he will have a mental age of 12, and, having left school somewhat low in Standard V., will probably, throughout his adult life, progress little if at all beyond this level.

What degree of backwardness is to be taken as indicative of mental deficiency? This question is most easily resolved by a statistical survey, by a psychological census, as it were, of all the children in a typical group of schools, special and ordinary elementary. Such a survey I have carried out, both for educational and for general intelligence, in a representative London area.‡ The results

* For the rough standardisation of tests it is not necessary to test all the children in a given age-group, but only the middle children in the middle class: e.g., for age 10, only those of that age left in Standard IV., after eliminating, say, the ten highest and ten dullest in that class.

† A revised version of this scale, including a set of scholastic tests, prepared with the assistance of Dr. Simon and a number of London school teachers, will, I hope, shortly be issued by the London County Council.

‡ *The Distribution and Relations of Educational Abilities.* P. S. King and Sons, 2s. 6d. The results of the investigation upon the distribution of general intelligence will be published shortly.

reveal a striking overlap between so-called normals and so-called defectives. The brightest children in the special schools are distinctly brighter than the dullest children in the ordinary schools. Apart from a few rare exceptions belonging to a definite pathological type, there is between normals and defectives no clear distinction; no hiatus, no gulf, no gap. The one group merges into the other by insensible gradations, as night into day. The point of demarcation, therefore, is purely a matter of convenience and convention, as artificial and as arbitrary as the moment we term midnight or the hour we select for lighting up.

Where is this point to be fixed? The replies to this question conflict and differ almost beyond belief. In the report of an American Census for 1910 the proportion of defectives, both within and without institutions, was put at 0.2 per cent. Binet, on the other hand, assessed the percentage as "somewhere in the neighbourhood of 5.0 per cent."; and a group of American psychologists have more recently given a figure almost as large. One estimate thus recognises twenty-five times as many defectives as another. Upon what scale is an education authority, such as that for the County of London, to provide when one calculation would declare that between the ages contemplated, 22,500 will be defective, and another only 900?

THE LINE OF DEMARCATION DURING CHILDHOOD.

Considerations, based upon current practice and confirmed by actual experience, concur with *a priori* inferences to suggest that, in the case of children, the most convenient borderline to adopt is that indicated by a mental ratio of 70 per cent. A child who has less than seven-tenths of the abilities possessed by average children of his age is to be regarded as mentally defective; thus, a child aged 10 who is backward by more than three years, and is, therefore, below the mental level of an average child of 7, is a fit candidate for a special school. A child who is backward by less than this amount should be educated in a class for backward children in the ordinary school. A child whose ratio is under 40 per cent. proves, as a rule, to be ineducable. But again the borderline is purely artificial.

This is equivalent, at any rate in an industrial town, to cutting off the lowest 15 per mille. of the school population. And for such an area my definition of the intellectually defective child would be one who for intelligence ranks among the lowest $1\frac{1}{2}$ per cent. of his age group. The definition should doubtless vary from one type of area to another; and provisionally should depend upon the amount of accommodation available. Too often high-grade cases, examined at an early date or by a certifying officer with a high standard of normality, are accepted, and transferred to a special school; then cases of a lower grade, presented for examination later on, are forced to remain in the ordinary school, or even at home, because the milder cases have usurped their room. Such a lack of co-ordination is manifestly unjust. There should be one weight and one measure. The merit of any criterion lies not so much in its absolute character, which is arbitrary, but in its uniform observance, which is essential.

CRUCIAL TESTS FOR CHILDREN.

With the line of demarcation here suggested, the following tests in the Binet-Simon scale become borderline or crucial tests for the several ages: age 5, distinguishing pretty and ugly faces in a picture; age 6, performing a triple

order and naming the four primary colours (a test assigned by Binet to normals aged 7, but far easier for London children); copying a diamond or transcribing three words of 3 to 6 letters; age 8, recognising 3 pennies and 3 halfpennies as 4½d. and the missing features in unfinished portraits; age 9, giving simple differences between concrete objects (wood and glass, etc.); age 10, naming the months, the date, and perhaps giving actual change for a twopenny article out of a shilling (the coins necessitating the use of a sixpenny piece as well as the odd coppers); age 11, counting backwards from 20 to 1, or repeating six numbers (one trial correct out of three); age 12, arranging 5 weights in order; age 13, building two sentences to contain 3 words; age 14, drawing Binet's two designs from memory, and perhaps explaining the absurd sentences. In terming these tests crucial I do not, of course, imply that failure or success in the one test specified for a given age can decide the question of deficiency; all I suggest is this: with the complete series of tests, arranged in the order of their difficulty for defective children, a child who fails with tests easier than those mentioned is presumably "deficient," and a child who answers harder tests is presumably "normal," that is, not necessarily of average ability, quite possibly distinctly backward, but as regards intelligence not mentally deficient.

For measuring the intelligence of older cases above the borderline—for example, dull or backward unshakes—the Binet tests are unsatisfactory. I prefer some form of reasoning test. A graded age-scale of reasoning tests, together with a revised version of the Binet scale, will be found in Dr. Ballard's recent book on *Mental Tests*.

THE LINE OF DEMARCATION AMONG ADULTS.

For mental deficiency among adults the legal definition differs wholly from that given for mental deficiency among children. The former hinges on economic competence; the latter on school progress. More than half of the children relegated to special schools as unable to benefit by the instruction in the ordinary school have yet sufficient ability to float in society when they leave, and, with tolerable success, to earn their livings and manage their homes.

If for adults we retained the criterion above suggested for school cases, then, assuming, as has commonly been done, that intelligence advances little, if at all, beyond the age of 16, we should have, as the upper limit of mental deficiency for those above school age, the mental age of 11. This is a high level. But the borderline suggested by the American Psychological Association is higher still, namely, a mental age of 12. An upper limit so comprehensive would include among the mentally defective an excessive proportion of the population; and seems plainly inadmissible. Psychological tests have been recently applied upon an enormous scale to recruits for the American Army; and the results show that in the United States the general average of the population lies about a mental age of 13. In this country many are below this level. Rural labourers in Warwickshire, dock labourers in Liverpool, and domestic servants of the poorest type can, in a benign environment, manage themselves and their affairs, unsupervised and uncontrolled, with a mental age, as given by my tests, of only 8 or 9. Provisionally, therefore, while accommodation for adult defectives is so small, and while ignorance of the psychology of borderline cases is so great, I should hesitate to consider a person defective on the ground of intelligence alone, unless his mental age were only 8 or less, that is to say, unless his mental

ratio were below 50 per cent., and his attainments only half those of an average adult.

This means that many, who will not be deemed defective in maturity, are during childhood certified, stigmatised, and segregated. Our special schools, in fact, appear to contain cases of three grades: (1) Children with mental ratios between 40 and 50 per cent.; these will fall amongst the lowest $\frac{1}{2}$ per cent. of the population, and are likely to become institution cases; (2) Children with mental ratios between 50 and 60 per cent.; these fall among the next $\frac{1}{2}$ per cent. of the population, and perhaps may best be treated, when they leave, as supervision cases; (3) Children with mental ratios between 60 and 70 per cent.; these fall among the remaining $\frac{1}{2}$ per cent. of the defective population; and, in an average environment, and apart from temperamental defects, will manage quite satisfactorily to provide for themselves. One 'mentally defective' boy in the provinces is now, at the age of 19, earning £300 a year—a far higher income than that of the teacher who taught him. Whether this third group should not be termed, even during school years, 'educationally defective' rather than 'mentally defective,' and whether they should not be taught in backward classes in an ordinary or 'intermediate' school (when such classes or such schools are provided) rather than be associated with those whose life must lie forever in an institution, is an obvious question; but, it is an issue which we need not here discuss.

CRUCIAL TESTS FOR ADULTS.

With the lower line of demarcation, thus recommended for adults, the crucial tests in the Binet-Simon scale are those allotted to the ages of 8 and 9. If a person over 16 can repeat the months of the year, and give the date with approximate exactness, name correctly all the commoner coins of the realm (including a half-crown and a two-shilling piece) and give correct change for a twopenny article out of a shilling, repeat six numbers and count backwards from 20 to 1, read Binet's newspaper extract and recall six items from what he has read, then he is, in my view, hardly to be judged an institution case, unless special circumstances in his home environment, in his physical condition, or in his temperament and character are present in addition to disabilities in intelligence.*

SUPPLEMENTARY SOURCES OF EVIDENCE.

These reservations, however, are all-important. No adult should be classed as mentally defective solely on the results of mental tests. If the patient's condition were so gross that the findings of the Binet scale were alone conclusive, then probably the application of the Binet scale would in this instance be superfluous: the diagnosis could be reached at a glance. If, on the other hand,

* It is but just to add that the six tests, selected by Binet as crucial, are somewhat harder: namely, arranging weights, answering his 'difficult' questions, building a sentence to contain 3 words, interpreting his pictures, and finding rhymes. No patients from institutions tested by him and Dr. Simon, could pass more than three of these six. In one of the best-known English institutions for the mental defective, however, I have found a girl of only sixteen who could pass all these tests. She gave as rhymes to 'obey,' such words as 'decay,' 'delay,' 'hurray'; and her sentence ran as follows: "The Houses of Parliament in London stand by the River Thames, and cost a lot of money to build." There were no complaints against her conduct or character. Certainly, she was happier and more helpful in the colony than she would have been outside. But, considering the number of low-grade cases awaiting admission to institutions of this kind, such an instance points urgently to the need of some uniform standard, generally accepted, and, for the present, not too lofty.

the patient were so near the borderline that a methodical examination of intelligence seemed indispensable, then other fields of enquiry should be explored and other sources of information searched. These sources of evidence fall under half-dozen separate and familiar heads; and should be kept distinct. Among them, the psychological examination—conducted chiefly by means of standardised tests for intelligence, for special abilities, for school knowledge, and for practical knowledge and general information—is undoubtedly the most helpful source, but it is by no means the only source. And with adults psychological tests are even less conclusive than with children. In addition to (1) the psychological tests, (2) the physical examination (which may include, beside the usual medical examination, anthropometric measurements, inspection for stigmata, laboratory tests of the sense-organs and of the nervous system), (3) the family history (including particularly, of course, such details as may shed light on the child's physical and mental heredity), (4) the personal history, pre-natal and post-natal (including the conditions of gestation and birth, the date of sitting up, of walking, of talking, of dentition and of pubescence, the general course of the child's development, and the incidence and after-effects of his childish illnesses), (5) the report of school attendance, progress and conduct, (6) of moral and social behaviour, (7) of economic and vocational efficiency, and, finally, (8) of the material and moral environment to be faced in and out of the home,—these all contribute data which should be weighed and collated before the diagnosis is made, before the patient's ability to manage himself and his affairs, or his need for permanent care and control, can be satisfactorily determined. The various sources of information possess a very different value. The physical examination usually has a negative value, since ill-health or sensory defects are sometimes sufficient to explain an appearance of deficiency. The family history is often too uncertain to be helpful. The developmental history, where reliable, may be suggestive or confirmatory in a positive diagnosis, or explanatory in negative diagnosis. Moral and vocational failure is too frequently influenced by environmental conditions to have more than a suggestive worth. Hence, positive evidence from two or three of these vaguer sources may, even when unanimous, yet be inconclusive; but, combined with positive evidence from the psychological tests, additional evidence from one other source alone may be final. Seldom is it possible, or even necessary, to obtain satisfactory evidence from every source; but evidence from all the sources that may be available, will, in the majority of typical cases of general deficiency, be found affirmative.

ERRATA.

The following misprints in the first portion of this article cannot be corrected from the context, and leave the meaning obscure:—

p. 50, l. 10, *for* attitude of mind *read* attribute of mind.

p. 50, l. 27, *for* independent "ability" *read* independent of "ability."

p. 51, l. 5 (heading), *for* so-called deficiency *read* so-called moral deficiency.

p. 53, l. 30, *for* of the to exclude . . . attainments and (*repetition of l.31*) *read* of the mind that may be summed up in the terms intelligence and temperament, and.

p. 54, ll. 27-30. This paragraph should appear as a footnote to the "scheme" above, not as part of the text.

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The Lilian Greg Occupation Centre for Mentally Defective Children.

BY ELFRIDA RATHBONE.

THE Lilian Greg Centre was opened in October, 1919, in memory of the late Miss Lilian Greg, a very brilliant teacher, who threw up a great career in order to devote her life and energies to developing to the utmost the life of one mentally deficient child whom she had adopted. In this work Miss Greg was singularly successful, and made the little girl, Marjorie Pasley, a joy, not only to herself, but to all who came in contact with her. After the death of Miss Greg and her adopted child, her friends felt that they would like to introduce into the lives of other defectives the joy, and method of love, that had proved so successful.

I feel very diffident about writing of a purely experimental piece of work at so early a stage and it is only possible to give an impression of the work and an outline of what we hope to make it in the future.

A Committee was formed last year, with the help of Miss Evelyn Fox, of the Central Association, and Miss Darnell, of the London Association for the Care of the Mentally Defective, to consider the advisability of opening an Occupation Centre for children living in the districts of South Islington and Finsbury, who were excluded from the Special Schools as uneducable, and were under the care of the London Association for the Care of the Mentally Defective.

The Centre is open every morning between 9-30 and 12. We have about 23 children on our books, and a steady average of 16 to 18 attend each morning; colds and illness are the only reasons for absence. They work in a large room which we rent from St. Jude's Church, King's Cross, and are under the care of a paid teacher and a voluntary helper. In the afternoons this same teacher works a second Centre at Toynbee Hall, so that her post is a full-time one. For some months we had had a class for elder boys and girls there on two afternoons a week, but we felt that daily steady work with a few every afternoon was of more value than two afternoons with a larger number.

The ages of the children attending the King's Cross Centre are from eight to sixteen, the majority being ten or eleven years old. We have two boys of fourteen and one big girl at present. We have had no difficulties in mixing ages, because all need to be kept constantly and incessantly in sight and mind, so the usual difficulties have had no chance of arising.

The children come from various homes, some being very poor and neglected. We have, for instance, one boy who lives in a dark back room in which a family of five ate and three slept. He never went out, as he was blind, and was unable to retaliate when teased in the court. Another child, on the contrary, is the idolised darling of a family of well-to-do artisans. Her life, however, was equally dull, as she used to sit lonely and companionless at a window day after day.

The main object of the work is to teach children to *be* rather than to *do*. The workers, therefore, concentrate mainly on developing initiative, imagination and discipline, rather than on the attainment of manual dexterity. As the children we now take are only those who have been excluded from Special

Schools as uneducable, they can never enter the world as wage earners, but will eventually have to go to institutions. We therefore strive to develop their characters sufficiently to enable them to become helpful, instead of helpless, members of such institutions. Dancing, therefore, drill, acting, quick constructive handwork take the first place; reading, writing and finished handwork come second. All progress is necessarily very slow, but all except one have improved almost out of knowledge and begun to show results even after three months' work.

The apparatus used and the various occupations are mainly such as poor mothers could supply and use to keep the children busy and happy. For instance, bobbins dyed with Dolly Dyes and chestnuts are used for threading; boot boxes for making dolls' houses, shops and carts; ribbon rollers, typewriting ribbon wheels, and strips of wood for the construction of toys; chinks and brown paper for drawing, and egg cups and sand for making moulds; meat skewers for sand-pencils; and we make use of clay and any odds and ends in various ways. The children themselves often bring old match boxes, etc., and are always particularly interested in constructing something with material brought by themselves.

The children belong mainly to two types, the very lethargic "stay put" kind and the intensely restless. At first the difficulty of getting the slow to move or show any interest is only equalled by the difficulty of getting the restless to sit still or to concentrate for even five minutes. Perhaps the simplest way of describing the children would be to tell you about four typical ones.

There is Willie, aged ten, a little street arab, brought up on the kindness of the street, always dirty, neglected and cunning, but affectionate and eager. He loves to be in the limelight, and when he first came gave infinite trouble so as to focus attention on himself. Gradually the interest of the work has got hold of him and he now works steadily by himself and can construct a passable toy aeroplane unaided and sew on rug canvas, and more wonderful still has learnt to sink his individuality and play games with the others, really enjoying the game and forgetting himself.

Then there is Gladys, aged twelve, a very good child, but spastic. When she first came she could hardly walk; she now helps to carry the tables, put the chairs in their places, and can to a large extent use her fingers.

Next comes Emily, a Mongol of eleven, who consigned us to the infernal regions on our first visit and responded to our early advances at the Centre with a deep "Can't," followed by a blow if the effort was persisted in. She is now quite a pleasant member of the community and can make sand pies and thread beads, and can act as a rather comic Red-Riding Hood.

Jimmy and Alfred are our show boys: they have been with us from the start. Jimmy was the saddest little boy I have ever known, a very delicate, pigeon-chested, lifeless little fellow and always crying. He is now our reliable chief, always smiling and working very hard, and is now learning to read. He has ceased to stutter and his legs are beginning to look like legs instead of sticks. He still frets unduly in the holidays, but the feeling of being a success has taken the sad look out of his eyes, for good we hope. Alfred is a very vigorous youth, but his mother says that since he has been to the Centre he no longer gives any trouble at home, as he employs himself all the time and does what he is told.

The children are either brought by their parents or collected in groups at

central points by the teachers. The difficulty of coming to and fro four times in the middle of a busy morning's work is a great one for the parents. One mother, however, gave up a job worth 10/- a week to do so, and said that the benefit the child derived from the Centre was more than worth it. It is, however, a serious matter and guides are expensive. We therefore bring or take home any within reasonable distance and allow tram fares to others.

On arrival at the Centre, the children put their lunch, which they bring in grubby little pieces of newspaper, into brown paper bags made by themselves with varying success, and all showing a heavy hand with the paste. These are stencilled by themselves on the outside, so as to be recognisable by their owners. We then have a hymn, "Father we thank thee for the night," and a song, then breathing exercises, nose-blowing, etc. After that come simple drill or balancing exercises, such as walking on blocks of wood. We use ordinary fire-wood blocks of wood for this and have found this exercise very useful. After this we do occupations of all sorts. Supposing our subject for the day to be "The Three Little Pigs"; we tell the story very simply, getting the huffing and puffing, etc., done by the children, and so introducing our breathing and articulation work. Then next we draw the little pig, an oval and triangle forming our design. We work it as a finger-play, then draw it on slates. The second grade only colour a ready-drawn pig. Then follows a dance or games. Afterwards the first grade will perhaps construct a paper, straw and brick house, while the second grade play with sand or clay.

We then have games and lunch. The children are given cocoa, which costs about 2/- a week for the whole school.

On other days the children will sew or construct dolls' houses and toys; every day the work varies and the mood of the children often necessitates an entire change of programme, there being days when anything in the shape of exciting work must go by the board and soothing occupations only can be used. After lunch we generally have our toy band or a story and singing, after which they go home. They help each other to put on their things and soon learn to button other people's buttons, often when the effort of doing their own has proved too much for their perseverance.

The life of the school and the effort of control necessary to live in company is extraordinarily valuable to these children unable to excel in the outside world; at school you may become a caretaker or a leader, valued for your service to the community and able to give and not only to receive help. It is this altered attitude of mind which is one of the main causes of the rapid increase of happiness in the children's lives. They suffer so at home from the fact that they are clogs and not cogs in the wheel; at school, among weaker or less virtuous people, they are able to excel and to live a life of work and play like the normal happy child they have always envied.

As for the cost of the Centre, the two chief items are rent and cleaning, and the salary of the teacher. The cost of the former naturally varies very considerably according to the Centre. For instance, at King's Cross we pay £65 a year for rent and cleaning and about £5 for heating, whereas at Toynbee Hall Centre no rent is paid. The salary of a teacher capable of doing the work is £200 a year for the full-time post at the two Centres. I think this is the very lowest salary possible, as the work requires a great deal of initiative, imagina-

tion and education. Each child is a problem and must have individual care and thought, and, unless the teacher has a living wage and enough to rest on, no good work is possible. The cost per head therefore is rather expensive, but to my mind quite legitimate, as the children trained at these Centres will become decidedly less costly to keep in after years and therefore return a part of the value of the money which has been expended. Certainly if happiness is worth aiming at, Centres are a very cheap investment. The mothers say that the children are so much healthier, happier and more obedient that they are able to look after the other members of their families much better than they could do in the old days when the defectives needed all their time and energy.

It is felt that nothing the Centre can do is comparable in value to what the mother will attempt to do and does do for the child. The Committee therefore help the mothers to take a holiday, arranging for the defective to go to relatives. Grants are made to defray railway fares or towards the cost of board while away. This year five of our children went away with their mothers, and the results in all cases were amazingly pleasing. All came back stronger and better and brighter for the change and really helped to face the long strain once more.

The relationship of the Centre to the parents is a great joy, they are always so helpful, grateful and understanding; and try so hard to make it a partnership of work for the benefit of their child so that the work though strenuous is amazingly interesting and worth doing.

NOTE.—The above is an account of a full-time Centre. It is however quite possible to adapt such a scheme to a Centre which will only be open part-time.—*Ed.*

News and Notes.

Board of Control, Sixth Annual Report (1919)

This report, which has just been issued, states that the total number of mentally defective persons under care during 1919 was 10,129, as compared with 8626 in the previous year. Attention is drawn to the incomplete way in which, in many areas, the duty of ascertainment of defectives subject to be dealt with under the Mental Deficiency Act is carried out, which has led to great lack of uniformity in the figures sent in to the Board by the different Local Authorities. In County Boroughs these range from 2.43 per thousand of the population in the returns of one Authority to nil in those of another, while the figures supplied by County Councils vary from 3.55 per thousand to less than .25.

Owing to these varying figures it is impossible to give any but the roughest estimate of the number for whom provision will be necessary, but the Board estimate that Local Authorities who are considering provision for defectives might safely estimate that accommodation will be needed in the near future for at least 1 per 1000 of the population. The Board, on the ground of economy and effective classification and organisation, urge the importance of co-operation between different Local Authorities and Local Education Authorities, in the provision of Institutions. They point out the great importance, not yet sufficiently realised of providing suitable training and teaching, even for low-grade defectives, in institutions.

This report lays stress on the great use Local Voluntary Associations have been to the Local Authority in the areas in which they have been formed, especially as regards ascertainment and supervision of defectives. The Board urge Local Authorities in areas where little or nothing has been done in this direction to take steps for the formation of an Association to assist them in carrying out these duties.

The Board has developed its work considerably in connection with State Institutions for defectives of criminal and vicious propensities. It has acquired Rampton Criminal Lunatic Asylum which is being converted into a State Institution with accommodation for 220 men and 70 women. With some additional buildings for women there will be sufficient provision for defectives of this type for some years to come. Warwick and Moss Side Institutions have therefore been closed and Farmfield is being retained for the present for the less troublesome type of female defective committed to a State Institution.

Eight new Certified Institutions were established bringing the total to fifty-nine, and several schemes for the provision of accommodation likely to mature in the near future were considered by the Board during the year. Of the 1,358 new admissions to Certified Institutions, 445 were idiots or imbeciles, 8,829 feeble-minded and 83 moral imbeciles.

Seventeen Poor Law Institutions were approved by the Board under Section 37 of the Mental Deficiency Act, making 115 in all.

The Board in this Report draws attention to the large number of mental defectives still not certified who are remaining in workhouses and point out the great danger of feeble-minded girls and women taking their discharge from Poor Law Institutions. The initial difficulty they attribute to the fact that many Medical Officers fail to recognise cases of mental defect, or refuse to certify. They urge the importance of every Poor Law Medical Officer receiving some training in diagnosis and having some experience of mental defect. (In connection with this, some Poor Law Medical Officers have taken advantage of the Short Courses for Medical Officers arranged by the Central Association for the Care of the Mentally Defective in conjunction with the University of London).

They point out that though provision under Section 37 was originally intended as a purely temporary measure it is likely to continue for some time, owing to the expense and difficulty of building Institutions. Boards of Guardians are therefore urged to make this provision as good as possible to organise games and recreation and to provide industrial and farm training. Instances are given as to where this has been done most successfully.

Copies of this report (price 1/-) can be obtained from H.M. Stationery Office.

Ministry of Health, Advisory Committee for the Blind,

The above Committee has issued its second Annual Report to March 31st, 1920.

The total number of blind persons in England and Wales in the Register is 30,785, as compared with 25,840 on the previous year, the increase being accounted for by more complete records. Of these 1,246 are reported as being also mentally defective—of whom 201 are of school age.

The Report draws attention to the urgent need of provision for the mentally defective blind, which has been impressed on the Committee by all its Local Advisory Committees.

Detailed tables are attached to the report giving the classification of blind persons according to age, occupation, mental and physical defects.

Annual Report of the C.A.M.D., 1919-20.

The Annual Report of the C.A.M.D. giving an account of the work of the Association from January—December, 1919, and containing the Annual Accounts to March, 1920, will shortly be published and will be on sale at the Conference in November. Publication is always delayed owing to the fact that reports received from the Local Associations have to be included in the C.A.M.D. report. The following summary of the report, may be of interest, and will give some idea of the numerous activities of the Association.

1. New Local Associations were formed in Ipswich, Bath, Lincoln, Luton and Nottingham and the Willesden Association was re-organised. Arrangements were made to form the following Associations early in 1920—three in Lancashire (North, Central and South-East), Suffolk and Staffordshire and Portsmouth.

NOTE. These Associations are now all organised and working.

2. The C.A.M.D. held in 1919-20.

(a) A Short Course for Teachers at King's College, London, attended by 63 teachers.

(b) A Short Course for Teachers at Dudley Training College (the second Birmingham Course) attended by 41 teachers.

(c) A Short Course for Secretaries of Local Associations at King's College, London, attended by 16 Secretaries.

(d) A Course of 10 public Lectures in Mental Deficiency at the London School of Economics, from January—April, 1919.

(e) Short Courses for Local Voluntary Visitors in Chester and Wiltshire.

(f) A Conference at Church House, Westminster, in November, 1919, attended by over 1,000 delegates from Public Authorities and Social Organisations concerned with the administration of the Mental Deficiency Act.

3. The casework at the Central Office increased; 518 cases of defect were actually referred to and dealt with by the C.A.M.D. The number of cases referred to Local Associations and registered at the C.A.M.D. has not yet been received; it is estimated that the number will not be far short of 15,000.

The total number of cases dealt with by the C.A.M.D. and its branches, and registered at the Central Office is 18,448.

4. Arrangements were made with the Ministry of Health (Advisory Committee of the Blind) for co-operation with Societies for the Blind and Societies for the Care of Defectives.

5. Six social workers were trained at the Central Office for about three months each, and some five or six have come from other Associations for a shorter period.

6. Two Students have taken Part I. of the Training Course at a Certified Institution for Defectives.

7. A quarterly journal, "Studies in Mental Inefficiency" has been started, and there are already 850 subscribers.

The Board of Control, recognising the value of the work done by the Association, asked the Treasury for a grant of £2,000 for the year ending March, 1921. Their application has been granted.

Conference on Mental Deficiency, November 25th, 26th and 27th 1920.

The Council of the C.A.M.D. are co-operating with the National Special Schools Union in organising an important Conference on Mental Deficiency, to be held on Thursday, Friday and Saturday morning, November 25th, 26th and 27th, in the Large Hall, Church House, Westminster.

The Rt. Hon. H. A. L. Fisher, President of the Board of Education, will address the opening session. The Programme will be as follows:—

Thursday. Chairman: Mr. Leslie Scott, K.C., M.P.

1. Opening Address by the Rt. Hon. H. A. L. Fisher.

2. **Paper.** The Relation of Day and Residential Special Schools to Certified Institutions for Defectives. Mrs. Hume Pinsent, Commissioner, Board of Control.

Discussion opened by Sir Harcourt Clare, Lancashire Asylums Board, Councillor Martineau, Birmingham Education Committee, and Mr. F. G. Harris, Head Teacher, Royal Eastern Counties Institution, Colchester.

3. **Paper.** The place of the Medical Officer, the Psychologist and the Teacher in the Education and Certification of the School Child. By Mr. Frank Roscoe, Secretary, Teachers' Registration Council.

Discussion, opened by Dr. Robert Hughes, Stoke-on-Trent, and Mr. J. Hudson, Hon. Secretary, N.S.S.U.

Friday. Chairman: Sir W. P. Byrne, K.C.V.O., C.B. Chairman, Board of Control.

1. **Opening Address** by Chairman. Some problems of Institution Accommodation.

2. **Papers.** The Case for the Large Mixed Institution. Dr. A. Rotherham, Medical Commissioner, Board of Control.

Small Institutions for Special Classes of Cases. **Discussion.**

3. **Paper.** The Provision made by Poor-Law Guardians for the Mentally Defective. The Very Rev. Canon Sprankling, Chairman, Metropolitan Asylums Board.

Discussion opened by Mrs. Cooke Hurle, Somerset Mental Deficiency Committee, and Mr. L. W. Greenhalgh, Clerk to the Ipswich Guardians.

Saturday. Chairman, Dr. A. E. Eichholz, Chief Medical Inspector, Board of Education.

1. Opening Address by Chairman.

2. **Paper.** Future Developments, under the Education Act, 1918, in the Education of Physically Defective Children. Miss Collard, Superintendent, L.C.C. Special Schools.

3. **Discussion** opened by Miss Lockwood, Head Teacher, College Lane P.D. School, Homerton.

The papers will be printed beforehand and circulated to those who wish to have them.

It is hoped that everyone interested in the care of the mentally defective will make an effort to attend the Conference. A full report will be published at a cost of 2/- per copy, obtainable from the C.A.M.D. Office.

Further details and tickets may be obtained from Miss Evelyn Fox, C.A.M.D., Queen Anne's Chambers, Tothill Street, S.W.1.

University of London. Post Graduate Course in Mental Deficiency.

So many applicants for the May-June Post Graduate Course, arranged by the C.A.M.D. on behalf of London University, had to be refused on account of lack of room, that an "overflow" course has been arranged for the week beginning October 18th, 1920. Sixty-six students will attend, and no further applications can be entertained.

Ten lectures will be given at the University of London, by Dr. A. F. Tredgold, Mr. Cyril Burt, Dr. Shrubsall, Dr. W. A. Potts, and Dr. Meredith Young. Chemical demonstrations will be given and the students will visit Homes and Institutions and attend rota and admission examinations at L.C.C. Special Schools.

Portsmouth Association for the Care of the Mentally Defective.

The Association, which was formed at the beginning of this year, opened, on September 2nd, an Occupation Centre for children under sixteen who are not attending school, and for older girls who are living at home and need occupation and instruction in needlework, etc.

Any defectives belonging to these two classes are eligible for admission, provided they are not subject to fits and have no characteristics or habits which make them unfit to associate with others. The Centre is open two afternoons a week and a room has been provided, rent free, at St. Peter's Institute, the Association paying for cleaning and lighting only. They have been fortunate enough to secure the voluntary services of a certificated kindergarten mistress. The number attending at present is twelve, of whom five are over sixteen. These join in some of the work with the younger children. The attendance so far has been most regular and the children show great keenness. Simple lessons on kindergarten lines are given in reading, writing and arithmetic, and in handwork, such as carpentry, raffia-work and sewing.

The Local Committee of the Grand Fleet Fund have made a grant to the Association on behalf of the children of Seamen and Marines attending the Centre.

Royal Eastern Counties Institution Colchester,

This Institution has just opened at East Hill House, Colchester, a branch school for sixty boys under sixteen. It is for educable cases. Boys will be received under both the Mental Deficiency and Education Acts. It will be run on the same lines as the branch opened last year for girls of a similar class, that is, as a residential special school, and special instruction will be given in gardening, in addition to the ordinary handwork and school subjects.

This additional accommodation brings the total number of beds belonging to the Institution up to 730, the whole of which have been provided by charitable contributions. Only patients from the four Eastern Counties are received.

Correspondence.

TO THE EDITOR.

DEAR SIR,

In your last number, the Rev. A. H. Baverstock writes in favour of the small home and against the suggestion in my recent article that large Institutions will be compulsory on local authorities. I would like to thank him for the very courteous way in which he deals with me. With much that he says I sympathise, but the question is a practical one, not one about which we must let our feelings run away with us. I speak from personal knowledge of running small homes as well as an Institution when I say that, though I admit there are some advantages in the small home, chiefly those of more varied diet and less routine, their effect on a defective is largely imaginary and on the whole I do not think they compensate for its disadvantages. My experience is that the happiness of the patients depends considerably more on the personality of those immediately over them than on whether they are in a small home or in an Institution. During the war it was not possible to enlarge this Institution by building, and my Committee met the demand for beds by taking large houses in the neighbourhood; I have now under my care three branches of 60 beds each and one of forty beds in addition to the parent Institution. The practical points raised in this letter and the conclusions I came to in my article are the result of my experience in running these.

If an authority has to provide for say only a thousand defectives, would Mr. Baverstock really in practice suggest putting them into twenty-five houses of 40 patients each dotted about the country? Is it practical to have twenty-five Matrons, twenty-five cooks, laundry maids, gardeners, needlewomen, etc., twenty-five kitchen fires, etc., and many times twenty-five retail tradesmen supplying twenty-five separate houses at retail prices, when all these activities can be concentrated in one place and the supplies bought wholesale? The twenty-five homes are bound to be in separate places as otherwise you have

merely an Institution under another name.

Another practical difficulty: in an Institution much of the work is done by the patients, the higher grades doing the skilled work, the lower grades the unskilled. It is waste to put high grades to do work that can be done by low grades. With small homes, classification in an area will be by the home and in any individual home the patients will be of one type. In the higher grade homes you will have an overplus of labour doing little or wasting itself on low grade tasks. In the low grade homes all the labour will be paid labour and the cost will be as heavy as running a hospital. Again, if in the high grade homes you arrange that each home shall confine itself to one trade (the expense of providing instructors will make any other course impossible) think what work it will entail to send the boots from twenty-four homes all over the county every week to the one home that does the boot repairs and so on, through all the activities of the various homes. Amongst these thousand defectives would be about 250 requiring school instruction. How is it possible to supply this, to supervise it, to co-ordinate it, in small homes? Another point is the impossibility of supervising a number of small places, the time wasted in travelling and the difficulty in obtaining staff good enough to undertake the greater responsibility. Again, there is more life, more going on, more to see in an Institution; a small home can be very monotonous and deadening. I realise Mr. Baverstock may say I am thinking too much of the expense, but I submit these points are not merely ones of cost; they are practical points the future administrator will have to look out for. The number of defectives to be provided for in Institutions is so very much larger than most people imagine that the expense will in any case be almost prohibitive and an authority will be compelled to consider it.

I am, etc.,

F. DOUGLAS TURNER,
Medical Superintendent.

Royal Eastern Counties' Institution,
Colchester.

Book Reviews.

MENTAL DEFICIENCY (Third Edition). By A. F. Tredgold, M.D., F.R.S., Edin. Baillière, Tindall and Cox. Price 25/-.

The most striking characteristic of this book is the sane, level-headed way in which the whole subject of mental deficiency is discussed. Theories are not supported unless, in Dr. Tredgold's opinion, there is considerable proof of their truth. This is as it should be in a book which is generally recognised as the best English text book on the subject. As compared with the first edition the alterations are so many, and the amount of new matter is so important, that it is a new book. Compared with second edition, the most important new feature is the extension and rewriting of the chapters on criminal defectives and moral imbecility, two of the most important in the book. They give a clear picture of these most important subjects and should be absorbed by all who have to certify defectives. One particularly notes Dr. Tredgold's insistence on the point that it is not intended that a feeble-minded patient who is also vicious should be certified as a moral imbecile but as the feeble-minded patient he or she really is, and the equally important point, that the inclusion of moral imbeciles in the Mental Deficiency Act was intended to cover a class of defect which cannot be certified as feeble-minded. It is not easy to offer any criticism on a book written by such an eminent authority, but I should have expected some reference to Dr. Goddard's book on Feeble-mindedness. Some of Dr. Goddard's views as for instance that feeble-mindedness is transmitted in accordance with the Mendelian law of heredity and his doubt as to whether insanity causes much feeble-mindedness are startling but they are supported by such and extensive and minute investigation of family histories that they demand consideration. In the chapter on Mental Tests, Dr. Tredgold is conservative. Perhaps he is right, but personally I consider a standardised series of tests and the working out of the proper mental age of every patient of the utmost importance. No mention is made of any recent work on this subject, not even

the best of all, the Stanford revision of the Binet Simon Tests and the use of the Intelligence Quotient by Professor Terman. Many of the tests given by Dr. Tredgold such as Bourdon's cancellation are valuable to him because of his experience, but to the ordinary man they are useless because there is no indication of the reaction of normal children of different ages to these tests.

I would also like to see pictures of high grade defectives, those with a mentality of nine to twelve years who look like normal people. This class forms such a large proportion of those seen in practice, whereas the photographs in the book are all low grade. These are minor matters.

Nothing however can alter the value of Dr. Tredgold's thorough and scientific work or the fact that his book is indispensable not only to all medical men interested in mental deficiency but to the large number of laymen who are now taking such a great part in the work.

F. DOUGLAS TURNER, M.B.

MENTAL TESTS. P. B. Ballard, M.A., D. Litt. Published by Hodder and Stoughton. 6/-.

It is now some fifteen years or more since Binet and his pupils began their experiments in testing the intelligence of children, in order to identify the sub-normal in the schools of Paris. Binet worked out a standard or norm of performance for a given age, testing only the simpler mental processes. He fixed his standard by the results of his investigation and proceeded to measure the capacity of the individual in relation to that standard, propounding the theory that those were defective who fell below that norm of performance, by two years under the age of nine, and by three years after nine. Whatever criticism we level at the form of the test or its use in the particular problem, we have accepted the principle of age-performance and have extended the range of its application, in the class-room and outside. In America, new editions of the tests have been prepared and the system has been adopted, not only for the discovery of the subnormal child but for the standardising of the normal in the school. Tests have been used with success for the classification of adults in the army and they have been introduced as a measure of intelligence, supplementary to the ordinary examination for Matriculation in the University of

Columbia. At this stage in the experiment, the co-operation of teachers with psychologists is important, for the classroom is the place where statistics may be easily collected and standards criticised. Dr. Ballard's book comes at an opportune moment and will serve as a valuable introduction to the system for those in search of a means of improving the examination test or of an aid to the diagnosis of defect. Dr. Ballard has given us access to Binet's tests, translated and modified, to meet the requirements of English children, by Mr. Cyril Burt, the psychologist to the London County Council, in collaboration with Dr. Simon. No less helpful is it to find Mr. Cyril Burt's graded reasoning tests for normal children of a latter stage of growth, and criticism of tests of efficiency in the primary subjects of the curriculum. The chapter on the interpretation and keeping of statistics was a happy addition to the work. A bibliography would be welcome in the next edition.

F. L. BOWMAN.

Recent Publications.

Books.

- MENTAL HYGIENE OF CHILDHOOD, by Wm. White, M.D. Heinemann & Co. 6/-.
- CHILDREN'S DREAMS, by C. W. Kimmins, M.A., D. Sc, Longmans. 5/-.
- EDUCATION. Its data and Principles, by T. Percy Nunn, M.A. Arnold. 6/-.
- (1) A CLASSIFICATION OF ASSOCIATION CATEGORIES and their use in Testing General Intelligence. (2) A TEST FOR THE QUICK GRADING OF GENERAL INTELLIGENCE BY GROUPS, by Morley Dainow and E. R. Mason-Thompson. Pelman Library of applied Psychology. 5/-.
- PSYCHONEUROSES OF WAR AND PEACE, by Millais Culpin, M.D., F.R.C.S., Cambridge University Press. 10/- net.
- PSYCHOLOGY OF DREAMS, by W. S. Walsh, M.D. Kegan, Paul, Trench, Trubner & Co. London. 12/6.
- BRIGHTNESS AND DULLNESS IN CHILDREN, by Herbert Woodrow. Lippincott. 6/-.
- INTELLIGENCE AND SOCIAL VALUATION. A practical method for the Diagnosis of Mental Deficiency and other forms of Social Inefficiency, by Richard A. Berry, M.D. and S.D. Porteus. Training School Vineland, New Jersey, U.S.A. \$1.50.
- SCHOOL CAMPS, R. C. Hewitt and L. Ellis. Clarendon Press. 3/6.

FIVE YEARS OLD OR THEREABOUTS. Chapters in the Training and Psychology of Little Children. Margaret Drummond. Arnold. 5/-.

HAND-BOOK OF INFORMATION ON SOCIAL SERVICE. PUBLIC SERVICES. P. S. King & Son. Ltd. 2/-.

Government Publications.

To be obtained of H.M. Stationery Office.

Ministry of Health.

SIXTH ANNUAL REPORT OF THE BOARD OF CONTROL. Part I. Price 1/-.

SECOND ANNUAL REPORT OF THE ADVISORY COMMITTEE OF THE WELFARE OF THE BLIND. Price 6d.

MINISTRY OF HEALTH (Miscellaneous Provisions) BILL. Price 3d.

BILL OF THE PROTECTION OF MENTALLY DEFECTIVE PERSONS. Price 2d.

Board of Education.

BOARD OF EDUCATION (Healthy, Physical and Mental Development of Children, Elementary Education) REGULATIONS 1920. Grant Regulations No. 19. Price 3d.

JUVENILE DELINQUENCY. Report for 1920. Price 9d.

SCOTTISH EDUCATION DEPARTMENT. Blind, Deaf, Mute or of Defective or Epileptic children. Draft Regulations as to Schools for the Education of 2½.

SIXTH ANNUAL REPORT OF Board of Control for Scotland. Price 9d.

NOTICE.

Owing to the increased cost of production, we regret to say that it has been found necessary to raise the price of "Studies in Mental Inefficiency." The subscription, therefore, for the next year will be 3/6 post free. Single copies 10½d. net, post free 1/.

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MENTAL DEFICIENCY

BY

A. F. TREDGOLD, M.D., F.R.S. (Edin.)

Fellow of the Royal Society of Medicine; Consulting Physician to the National Association of the Feeble-minded; Consulting Mental Specialist to the Wiltshire Education Authority; Vice-President Central Association for the Mentally Defective.

Bailliere, Tindall & Cox, 8, Henrietta Street, Covent Garden, London, W.C.2.

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XLVIII Vocational Tests for Mental Defectives.

623 ELIZABETH L. S. ROSS, M.A., B.Ed., Carnegie Research Scholar, Edinburgh University.

A VISIT to any good Special School or Institution will convince even the most casual observer that, whatever be the limitations of mental defectives where the more 'literary' subjects of the school curriculum are concerned, in practical ability they seem to approach normal. The tests for twelve years and upwards on the Terman Revision of the Binet Scale involve almost exclusively language ability, rote memory, appropriateness, clearness and adequacy of detail in imagery, power of conceptual thought and reasoning, those peculiarly human qualities of mind which mark off, from the defective or immature, the normal completely developed intelligence. On the other hand experiments on animal learning have shown what a high degree of practical ability may exist in the entire absence of any conceptual thought and with very inferior powers of manipulation and exploration.

Proceeding down the scale from normal individuals of adult intelligence level, we should expect to find among the subnormal group a large number who can be trained to produce very efficient practical work involving little or no abstract thought, but only relatively simple problems concretely presented. A still smaller group will be fit only for work involving sensori-motor habits of various degrees of precision, complexity and speed, while any adaptations necessary are made by others more intelligent. A few others, if suitable provision is made, can do mechanical work involving only some simple movement such as turning a handle or pushing a barrow while directed by others. These groups, however, can never be marked off sharply from each other unless in a very arbitrary way, but the usual occupations provided for defectives, such

as cobbling, brushmaking, gardening and especially domestic work in its various branches, give ample opportunity for each individual to be engaged in work demanding the maximum of which his intelligence is capable. As Dr. Turner pointed out in a recent article in this journal, this is one very strong argument in favour of the large institution with all grades of cases.

Unfortunately there is another circumstance which makes the problem of vocational guidance more complex, for we have to reckon, not with a certain flat level of mental development in each individual as represented by the Mental Age, but with a very uneven development in many cases, that is, with "special abilities and disabilities." We now admit that it is of little use to say of any individual that he "has a good memory," or "good power of concentration;" without definitely stating what specific kind and direction of memory or attention is being referred to, excellence of one form being no guarantee of a corresponding degree of excellence in another. Also, in some one restricted field a defective may be capable of "practical judgment" or even of conceptual thought, while showing a low degree of intelligence in others.

The ordinary Intelligence Scales are helpful within very wide limits as a basis for vocational guidance, but taken alone they are quite inadequate. Neither can the present "trial and error" method of choosing employment be considered at all satisfactory. We provide usually a more or less generalised course of handwork for our defectives up to about the age of 11 or 12, where we are fortunate enough to get them admitted to our special schools much before that age. Beyond this stage, where we can, we give some form of workshop instruction in perhaps two branches, and as time goes on, try to arrange that each pupil will take up as his lifework that for which he has shown greatest aptitude. In many cases no doubt this plan may appear to work quite well, but it is far from ideal, and mistakes may be made more frequently than we know. To begin with, it assumes that the field of choice ought to be only among the various forms of manual work, and this view holds, not merely for defectives, but for most of our industrial and reformatory school cases, with the result that the child who seems fairly intelligent and yet makes little progress in practical work has very often rather an unhappy time. Secondly, circumstances may prevent our being able to try the individual at just that form of industrial work for which he is physically and psychologically best fitted, and he may thus be compelled to pass his life as a square peg in a round hole. Thirdly, the trial and error process itself often entails a great waste of time and energy on the part both of teachers and taught, and the training of defectives is under the best of conditions an expensive process. Fourthly, we frequently have to admit to our schools cases considerably over 12 years of age concerning which there can be obtained no reliable information such as would guide in choice of employment, and we cannot afford to lose any time in deciding what will be the most profitable form of training. And apart from this, the economic side of the question, careful vocational guidance will do so much towards the happiness of these defectives. We ought to have fewer disciplinary cases since much of the laziness and rebellion showing itself from time to time in certain individuals is probably but the reaction following on a period of work really unsuitable in its nature. As a class, these defectives have such poor understanding of their own characteristics and abilities, and express themselves so badly, that many of the docile type will be working at much less than their maximum of efficiency and remain undiscovered.

We have yet to find some type of work suitable for those defectives who, while ranking as high-grade in intelligence, seem to have no aptitude for any

form of manual work nor interest in concrete problems though they may have good rote memory and language ability and have made fair progress on the literary side of the school curriculum. Fortunately these cases are not very frequent, yet we do meet them and they may be a continual source of annoyance to a whole workshop if they are compelled to attend there.

We wish then to be able to sort out, with a fair degree of accuracy, between the ages of 11 and 14 if possible, those defectives that will never be of much use in manual work, whether because of low intelligence or a special disability. Then in the case of each pupil remaining we should like, as a result of careful observation and a study of his reactions to suitable psychological tests, to be able to say within certain limits what type of manual work would be best for him, due regard having been paid to physical capacity, level of intelligence and temperament.

“Practical Ability,” as Ballard* has pointed out, is a complex product, and is dependent on many separate factors each of which may be present in varying degree, determining the qualitative as well as the quantitative character of the total ‘ability.’ Degree of sensory acuteness or defect is an important basic condition, and similarly with strength and speed of motor ability. A certain minimum of efficiency along these directions is a pre-condition to the presence of any degree of practical ability worth noting. Of great importance also are the capacity to build up sensori-motor habits of various degrees of complexity, speed and precision, and the capacity for practical judgment in the various types of concrete situations. That there are many defectives capable of fairly complex reasoning in the solution of concrete problems is quite to be expected since all the elements involved are either present in space at the moment, so clear and stable in consciousness, or else the images necessary are closely associated with these present elements and, therefore, easily aroused and probably fairly distinct and detailed because of their gradual formation in the course of repeated experience and manipulation. It is in this sense largely that manual training is mind training, giving as it does some of the most favourable conditions for the formation of concepts.

We come then to the consideration of what seem to be the most suitable tests to use in the case of defectives. (1) We must assume that an adequate medical examination will have supplied information as to the existence of any sensory or motor defects likely to impair general or special efficiency. (2) We shall require one or more sensori-motor tests to estimate, either together or in isolation, the degree of precision, speed and complexity of co-ordinations that can reasonably be expected from the individual and, if possible, the effect of practice on his original efficiency. (3) We must present a few typical concrete problems to test power of practical judgment by observation of the individual’s method of procedure and degree of success. (4) Either by observation of behaviour in the above tests or by means of specially devised methods we should find out whether or not the individual possesses those “temperamental characteristics” essential to success in manual work considered as a vocation.

Several good sensori-motor tests are already available, for example, the tapping test in the form used by Healy, various forms of card-sorting, and the ‘plunger’ test devised by McDougall. The various form-board tests used by Healy, Pintner and others help us in estimating ability to solve problems concretely presented. These and similar tests are probably too short in duration,

* “Mental Tests” chap. XI,

and the conditions of work too unlike the day to day realities of the workshop or kitchen, for us to be able to obtain from them any more than a rather unreliable cross-section view of the subject's emotional attitude to the different types of industrial work and his habitual method of response. Probably the only tests we have as yet for the express purpose of investigating those "temperamental characteristics" bound up with industrial success are the graded maze tests devised by Porteus.

Early in 1920 the writer tried out a few of these tests on a small group of defective children of mental age ranging from about five-and-a-half years to nine-and-a-half, and chronologically ten to sixteen years old. For purposes of comparison the same set of tests was given to a group of normal children of approximately the same range of mental age. The results obtained are of some interest though for several reasons they cannot be considered as conclusive. Here we shall deal only with Healy's Tapping Test, the three Form Board Tests also used extensively by him, and the Porteus Tests, though one or two other tests were employed in the investigation. The class teachers gave an estimate of the "handwork" ability of each pupil on a five-point scale: Very Superior, Superior, Medium, Poor, Very Poor; and in addition a simple memory drawing test was given to each and the results ranked similarly.

I. Tapping Test: The subject is given a paper marked off by heavy black lines into 150 half-inch squares arranged in rows of ten. Using a pencil he is to tap once in each square as rapidly as possible for 30 seconds, taking care not to miss a square, touch a line, or tap more than once in each square. Two trials are given, and, in this experiment, the better of the two was taken as the score after correction had been made for errors. Healy claims that this test gives an estimate of co-ordination of motor and visual-perceptive powers, both for accuracy and rapidity.

II. The Form Board Tests:

(a) Introductory—"Mare and Foal" Picture Form Board: A certain number of pieces have been cut out following the natural lines of the objects in the picture, and also four pieces from the 'sky' portion of the picture. Two of these latter are right angled triangles together filling a triangular space, and the other two which approximate to diamond shape resemble each other rather closely but are not interchangeable. All these pieces are arranged in quite haphazard fashion beside the board and the child has to put them in their correct places as quickly as possible. A record is kept of the total number of moves and the time taken. Notes are made as to method of procedure, whether the moves seem planned, trial and error, or chance. A failure is recorded if the test is not completed within five minutes. (Healy allows ten minutes).

(b) Construction Test A: This is employed as an alternative test for year ten in the Stanford Revision of the Binet Scale and is illustrated in the handbook. The procedure followed was similar to that described above in the case of the Picture Board Form, and not Prof. Terman's.

(c) Construction Test B: This board contains six separate spaces into which eleven variously shaped pieces have to be fitted, thus presenting a problem slightly more difficult than Construction Test A. The procedure was similar to that for the other boards.

III. The Porteus Tests: The original series of mazes was used, as described and illustrated in the "Journal of Experimental Pedagogy," June, 1915, but only as far as the twelve year test. Porteus has since revised the scale, adding a

fourteen year test, substituting two new ones for years six and seven, omitting the four year test, and grading the five and six year tests one year lower. (See Monograph published by the Department of Research, Vineland, September, 1919, "Porteus Tests—the Vineland Revision.")

The results obtained may be briefly summarised but it must be kept in mind that the number of cases examined was small and the basis of estimation of practical ability rather meagre.

I. TAPPING TEST: It is probable that in the form used this test will give an index of adaptability to this type of situation, rather than of sensori-motor ability, unless fuller opportunity is given for practice. In the present instance it gave a correlation of $\cdot 60$ (P.E. = $\cdot 08$) with rank order in handwork, while the Binet rating (Terman revision) gave a correlation of $\cdot 69$ (P.E. = $\cdot 08$) with handwork. In any case, the score in this test will never by itself be of very much value but only when balanced by the findings of other tests.

II. FORM BOARD TESTS:

- (1) Of three defectives successful with all the Form Boards, two ranked "Superior" in both drawing and handwork.
- (2) Of six successful with two Form Boards, two ranked "Superior" in both drawing and handwork, while four were "Medium" in handwork, and two "Medium" and two "Poor" in drawing.
- (3) None of those five who were unsuccessful in all the three Form Boards ranked above "Medium" in drawing, while three ranked "Very Poor"; in handwork, one ranked "Superior," two "Medium" and two "Very Poor."

The following correlations found are interesting:

Form Boards with Handwork— 64 P.E. $\cdot 08$

Form Boards with Porteus Age— 60 P.E. $\cdot 08$

Form Boards with Mental Age— 45 P.E. $\cdot 11$

One rather strange case was that of a girl aged 11 years with an I.Q. of 71 who failed in all three of the Tests even when shown the correct placing and given a second trial. Yet the same child passed the Porteus Test for year XII and ranked about medium in tapping, and a little below medium in handwork.

III. PORTEUS TESTS: As pointed out in the Monograph already mentioned and also in Part II of "Intelligence and Social Valuation," by Berry and Porteus (published by the Vineland Training School, May, 1920), from which we shall quote (pp. 66 seq.), these tests fulfil the chief requirements of one of our purposes. "They supplement the Binet examination by examining capacities which the latter does not test sufficiently," namely, "foresight, prudence, and the ability to profit by experience." They test these in a simple situation involving "no highly specialised manual dexterity" or "special memory." "The test is new to the child's experience so that the influence of previous practice is eliminated." They form a homogeneous series, and "in working through the whole of the mazes from six years to thirteen, the individual is confronted with a similar problem upwards of forty times so that, if he has any capacity to profit by experience, he has excellent opportunities for displaying it," and for readjusting his methods.

In the writer's investigation already noted, when the original series was employed and only as far as the year twelve test, the following correlations were found;—

Porteus Age with Mental Age—79 P.E. .05

Porteus Age with Handwork—76 P.E. .06

with which may be compared

Mental Age with Handwork—69 P.E. .08

Recently, in connection with another investigation, the writer has tried out the Revised Scale of Porteus Tests on about thirty cases. The conditions were much better than in the previous experiment for all were institution cases with good opportunity for industrial training as well as the usual educational handwork. The grade of achievement of most of them was well known throughout a considerable period of training and the industrial rating was the result of the independent judgments of several competent people. All the cases were put through the Stanford Revision of the Binet Scale within about a month of their doing the maze tests. The following correlations were obtained:—

Porteus (Vineland Revision) with Binet—71 P.E. .06

Porteus (Vineland Revision) with Industrial Rating—81 P.E. .04

Average of Porteus and Binet Ages with Industrial Rating—87 P.E. .03

Binet Age with Industrial Rating—81 P.E. .04

These results, though the cases are so few in number, certainly seem to bear out what Porteus claims: that when the Binet and the Proteus test ages are combined and the average taken, we obtain a better index of industrial ability. It is to be noted that with regard to his own series of tests, he considers failure as of more significance than success, since the capacity for self-restraint and the habit of pre-consideration are being tested only in a simple situation of very average difficulty. This, too, is born out by a detailed study of the individual cases. But it was in cases where the Binet rating alone might have given quite a false impression of practical ability that the Porteus finding seemed most interesting, notably in the case of two boys having mental ages of $8\frac{3}{4}$ and $6\frac{3}{4}$ respectively (I.Q.'s. 64 and 59), yet ranking $13\frac{1}{2}$ and 13 on the Porteus scale. Both these boys were handicapped in the intelligence tests by having specially poor rote memory. Though restless and inattentive in ordinary lesson work, they both do exceptionally good manual work.

There is much room for investigation work on this subject of vocational tests for defectives. The field is narrower than in the case of normal individuals, and the findings here should throw light on the wider problem. The procedure may seem to be over-elaborate, but when we have determined the best possible, set of tests they need to be applied only once to each case, say about the chronological age of 12—14 years, and probably only to those reaching a certain I.Q. Only thus will we be able to say which of our high grade defectives can safely be left at large even under guardianship, and only thus can we ensure that each of the others will find his most appropriate niche in the industrial colony of the future.

“There’s not a pair of legs so thin, there’s not a head so thick,
There’s not a hand so weak and white, nor yet a heart so sick,
But it can find some needful job that’s crying to be done,
For the Glory of the Garden glorifieth every one.”

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The Work of Local Voluntary Associations and Possible Future Developments.

BY APHRA L. HARGROVE, Organising Secretary, S.E. Lancashire Association.

Editorial Note.

It might be advisable, to set out more fully, by way of preface to this article, the constitution and functions of Local Associations, for the benefit of those readers who are not familiar with their work.

THE first Associations, of which there are now forty-nine in existence, were formed almost directly after the Mental Deficiency Act came into force in 1914. One of their main objects was the co-ordination of all public and voluntary work undertaken for defectives in their own homes, throughout the area, covered by a Local Authority under the Mental Deficiency Act, i.e., a County or County Borough. The Constitution of these Associations varies according to Local conditions but they all have certain features in common. They consist of Representatives of Public Bodies in the area, dealing with defectives, such as the County or County Borough Mental Deficiency Committee, the Education Committees, and Boards of Guardians; of Voluntary Homes and Institutions for Defectives; and of any Societies and Organisations which come into touch, either directly or indirectly, with defectives. They are therefore most representative in character, and in this way are able to be in touch with all defectives who are living in the district.

These Associations, at the request of their Local Statutory Authority, undertake all or some of the following duties for it, under the Mental Deficiency Act. Under Section 30 of this Act, it is the duty of the Local Authority to ascertain what persons in the area are defective and subject to be dealt with under the Act. By being in touch with all defectives in their own homes, these Associations are particularly well fitted to assist in this duty, and to supply full information to the Local Authority, as to any cases which should be dealt with and where the parents or relatives of the defective are anxious to secure help.

The Local Authority has also the duty of providing supervision in their own homes for any defectives subject to be dealt with, and when this supervision is inadequate to send the defective to an institution or place him under guardianship. Local Associations, undertake the supervision of such cases, and by having a visitor constantly in touch with these defectives are able, not only to give advice and help as to their care and training, but also to report at once when home care becomes inadequate. They also find vacancies in Institutions for those defectives who require institution care, and secure guardians. In some areas the Secretary of the Association prepares all the papers for and presents the petition to the Judicial Authority committing a defective to an Institution. Again when there is a question of a defective being discharged from an Institution, these Associations are particularly well fitted to make a report to the Visiting Committee of the Institution as to what care and supervision will be available if the defective is discharged.

Where desired by Education Committees, these Associations also act as a Care Committee for those educable mentally defective children between the ages of seven and sixteen who are under the care of the Education Committee, and attending a Special School. Where no such school exists they visit those children who would be in a Special School if there were one. They also often act as After

Care Committees for children who have left the special schools. They also assist Poor Law Guardians in various ways, for example, by visiting the "ins and outs" of the workhouse who are not certifiable under the Act, but need help and friendly supervision.

The above are the various ways in which Local Associations co-operate with Public Bodies. There are however a large number of defectives, who are in need of help and advice, but for whom no Authority is responsible. The care of these is one of the chief "*Raisons d'être*" of these Associations. It is unnecessary to enumerate these as that branch of the work is dealt with fully in the article.

Though voluntary help in visiting, etc., is made use of to a large extent, it is practically essential for most Associations to have a paid Secretary with especial knowledge of defectives, to be responsible for the organisation of the work in the area. In some of the larger associations an assistant is also necessary. There are also travelling and office and other incidental expenses to be met, which vary considerably according to the locality. The question of finance, therefore, is an important one.

Section 48 of the Mental Deficiency Act runs as follows: "Where a Society has undertaken the duty of assisting or supervising defectives whilst not in Institutions under this Act, there may be paid to the Society out of money provided by Parliament towards the expenses of the Society in connection with such persons, such sums and on such conditions as the Secretary of State with the approval of the Treasury may recommend."

These Associations therefore receive grants of varying amounts, according to the population of the Area, direct from the Treasury, through the Board of Control. In addition the Local Statutory Committee make a grant in respect of assistance given to it in the discharge of its duties of the Mental Deficiency Act. The Treasury refunds to the Local Statutory Committee half the amount of any grant so made. In many cases the Education Committees and Boards of Guardian make grants, and there are also private subscriptions. Several of these Associations have now been working a sufficiently long time amply to justify the very high hopes that were expected of them and to prove that they are both a highly efficient and economical means of securing adequate care for defectives. The Board of Control in its last annual report lays great stress on their usefulness.

Present Work of the Associations.

The chief functions of Voluntary Associations at the present time are as follows:—

- (1) To assist Local Authorities to carry out certain of the duties laid upon them by the Mental Deficiency Act.
- (2) To befriend and assist defectives who, as a result of the limited scope of the Act do not come under it.
- (3) To give advice and assistance in "borderland" cases which are not certifiable.
- (4) To arouse and educate public opinion and
- (5) Generally to act as a link between the different Authorities concerned with defectives and so to ensure some co-ordination in the work.

The proportion of an Association's time which is devoted to the first of these functions, i.e., to "Statutory" work, depends upon the particular method of organisation used by its Local Authority, and upon the degree of vigour with

which the Act is administered. Thus in some areas, Associations are employed officially for "supervision," and perhaps "ascertainment," only; in others they are asked in addition to undertake the investigation of all new cases notified to the Local Authority, the finding of vacancies in Institutions and the escorting of cases thereto, and the finding of "guardians": whilst in others again, the Secretary of the Association is also the Executive Officer of the Local Authority and has consequently to devote the greater part of her time to Statutory work.

But an effort should always be made not to allow the second function enumerated above—that of befriending defectives who are outside the provisions of the Act—to be thrust into the background, for in it lies perhaps what is the chief *raison d'être* of a Voluntary Association's existence.

None of the following classes of defectives can be touched by a Local Authority:—

- (a) Young children under seven, who cannot be deemed to be "neglected."
- (b) "Educable" defectives between the ages of seven and sixteen for whom, by reason of the present dearth of Special Schools, no educational provision can be made.
- (c) Children leaving Special Schools who cannot be notified by the Education Authority under Section 2 (2) (b) of the Act by reason of the present limitation of this clause to defectives who need institutional care or guardianship.
- (d) Adult defectives amenable to control and living in good surroundings, and those who though of immoral or criminal tendencies, are for the time being, self-supporting.
- (e) "Borderland" cases who—though certifiable under neither the Lunacy Act nor the Mental Deficiency Act—are subnormal or unstable and in need of advice or treatment.

The visiting and befriending of classes (a), (c) and (d), in order that help may be at hand when any emergency arises, thus forms an important part of a Voluntary Association's work, and the service it is able to render in advising the mothers of young children as to methods of "home-training" is one that is of particularly far-reaching value. As regards class (d) every Association could give instances where the parents of a defective have been weighed down by the dread as to what will happen to him, should they die or not be able to look after him. In these cases the existence of an Association and the consequent knowledge that there is a friend to turn to in any emergency is a very great relief.

Another great service these Associations can render is by being prepared to help middle-class parents of defective children. Such parents are often urgently in need of advice and assistance but would not normally apply direct to a Public Authority. In these cases an Association does very valuable work, by putting them into touch with the right Authority where financial help is needed, or—where parents themselves can afford to send the child to a school or Home—by advising as to what Home would be most suitable and securing a vacancy, or again, by making suggestions as to how Training can be given at home.

Feeble-minded children between seven and sixteen come of course within the province of the Local Education Authority but in some areas—more especially in scattered rural ones—Associations undertake their supervision by special arrangement with the Authority in question.

The problem presented by the "borderland" class of case is at present—owing to lack of facilities both for diagnosis and treatment—only too far from solution but here and there tentative efforts are being made to deal with it and

some Associations are able to record a certain measure of success in individual cases.

The work of *educating public opinion* is one that Associations carry on side by side with that for individual defectives and is of equal value to the community. Much of the alleged failure of the Mental Deficiency Act is due to ignorance of the powers given by it—the power to deal with criminal defectives (Section 8), being a case in point—and in the dispelling of this ignorance a Voluntary Association plays an important part. One hears too much complaint about the slackness with which the Act is administered, but that much of this slackness is due to the lack of any pressure in the shape of public opinion is shown by the fact that in areas where such opinion has been aroused either by active Voluntary Associations or by some other means, administration is almost without exception speeded up.

The establishment of ‘‘Occupation Centres’’*—chiefly for children excluded from school—has been added by a few Associations to the normal routine activities outlined above, but this is a phase of the work which is at present still in its infancy.

Possible Future Developements.

What now of the future of Voluntary Associations? Is their importance likely to diminish with the completion of that preliminary spade work which now forms such a large part of their activities? Or if not what new opportunities of service are likely to present themselves, and how are they likely to be used?

I have said that a large part of the present activities of Voluntary Associations are in the nature of spade work. By that I mean that they are due to the fact that the Mental Deficiency Act, 1913, and the Elementary Education (Defective and Epileptic Children) Act, 1914, have only been in operation a short time, to the almost insurmountable difficulties that have stood in the way of their being put into active operation, and to their inherent imperfections which could only be revealed by practical experience.

But let us for a moment project ourselves into the future and conceive a state of things in which there is no defective over seven who has not been ‘‘ascertained’’; in which every ‘‘educable’’ defective child between seven and sixteen is provided for in a Special School with the certainty of being sent on, if necessary, to an institution; in which no difficult or undesirable ‘‘excluded’’ imbecile is left in his own home, and in which—in cases of mentally defective delinquents—Section 8 of the Act is the first and not the last remedy resorted to. All this will involve the release of those energies of Voluntary Associations which have now to be devoted to the anxious supervision of cases which ought to be in institutions, to the weary search for ‘‘vacancies’’ and to the laborious enquiry into the ‘‘early history’’ of adult defectives who have only recently been ‘‘ascertained.’’

It should be noted that these developments are not likely to reduce the number of cases to be dealt with by Associations, for although many of the low-grades with whom they are now so largely occupied will have been taken out of their hands, the number of high-grades will be considerably increased. And this for two reasons.

First, one of the suggested amendments to the Mental Deficiency Act is to the effect that a Local Education Authority shall be empowered (under Section 2 (2) (b)) to notify a child leaving a Special School, for ‘‘supervision’’ as well as

* See article on ‘‘The Lilian Greg Centre’’ in ‘‘Studies in Mental Inefficiency’’ October, 1920.

for institutional care. This in itself will add greatly to the number of cases under Statutory supervision. Secondly, with the general establishment of Special Schools and the perfected methods of diagnosis that are likely to result many cases of mental defect that now escape notice will be detected and referred ultimately to Voluntary Associations.

And it is then that the problem of *how* to supervise will have to be faced in earnest, and a part of the released energy to which I have referred will surely be deviated to the tackling of this very difficult problem. No longer shall we be satisfied with that "quarterly visit and report" which so often under present conditions is what we mean by "supervision," we shall begin to ask what *constructive* work we can do for our feeble-minded cases, and particularly for those:

- (1) who are quite amenable to discipline and capable of work, but who are living under unsatisfactory conditions.
- (2) who have good homes but who are unable to hold their own in the open labour market.

For the first type of case Voluntary Associations may consider the possibility of opening—as an experiment—hostels where defectives may receive skilled supervision and guidance, but from which they may go out daily to work and to the support of which they may therefore largely contribute. Such Hostels would thus constitute a sort of half way house between the artificially restricted life of an institution and the complete freedom of an ordinary home and would at the same time afford a testing place for cases in which there is a doubt as to whether or not removal to an Institution is necessary, and conversely for cases in which there is doubt as to the wisdom of releasing from an institution.

For the second type of case a reverse need seems to exist, viz.: the provision of suitable *work*, no change in their home surroundings being necessary, and the Voluntary Associations of the future may well consider the question of opening an Industrial Centre—on the model of the workshops at Darent and other Institutions—to which defectives can go daily and be happily and usefully occupied, perhaps in some cases earning small wages in return for their work. An Occupation Centre for lower grade cases—mention of which has been made above—might be combined with such a venture and the two run together, and one can think of various other activities to which it might give rise.

For those defectives living in rural scattered areas where attendance at an industrial or Occupation Centre is impossible, some other means of providing training will have to be devised. Would it not be possible for an Association to employ a peripatetic teacher, as is done by some Blind Societies, who would herself visit these defectives at regular intervals and give them and those responsible for their care, definite teaching and training, and also give instruction to the voluntary visitors as to the best means of training the individual cases they are visiting? For the higher grade defectives, capable of being taught some simple manual occupation, I think it should be possible to secure the co-operation of Women's Institutes in the different villages, and obtain volunteers from their members to provide training in some handicraft.

Such experiments may reasonably be expected to be assisted financially by the Authorities—Local or Central—but it is not to "Authorities" we look for the initiating of them. Experimental work—in this country at any rate—essentially belongs to the field of voluntary effort.

The other important development in the work of Voluntary Associations for which we may look, is in connection with "borderland" cases.

Whereas, up to a comparatively short time ago, such cases were only recognised to exist by a few medical and psychological experts, the experience gained in the War has now brought the problem into the arena of practical politics, and within the last two or three months the inclusion of a Clause dealing with the treatment of incipient mental disorder in the Ministry of Health (Miscellaneous Provisions) Bill has shewn that the subject is receiving the earnest attention of the Government Departments concerned.

The establishment of Psychiatric Clinics—such as already exist here and there—in every large centre will lead to the detection of large numbers of “borderland” cases at present unrevealed and in response to the new need facilities for meeting it will not fail to come into being. Information as to the patients’ home surroundings, as to the way in which the treatment prescribed is being carried out and as to the progress of those who have returned from treatment away from home will be needed by the clinics. Voluntary Associations, who have had considerable experience in dealing with these borderline cases, should, it seems to me, be able to do a good deal of such social work in connection with these clinics, and should, therefore be able to train their workers to have some understanding of these difficult cases.

It is moreover virtually certain that to such clinics will be brought—in hope of cure—cases of actual mental defect already known to the Associations, and it will thus prevent much overlapping and duplication of visiting if it is to them that the “following up” of all suitable cases attending is entrusted. *

Such a development as this will of course bring with it the need for a higher degree of expert knowledge than is at present possessed by the average secretaries and workers of our Associations. But “Short Courses”—on the model of those already provided by the C.A.M.D. for other sections of workers—would probably meet this need once the demand is great enough.

On some such lines as these then would seem to lie the chief possibilities of expansion for Voluntary Associations. From their present inevitable pre-occupation with the legacy left by the neglect of the past, and with the struggle to overcome the tremendous obstacles with which the war has strewn the way of progress; they will evolve into bodies of enthusiastic experts ever seeking to devise new methods of dealing with their problem as a whole and of giving a fuller life to the individual defective under their care, and always ready to be used in the cause of the promotion of mental health. It may be said that I have painted a too rosy picture of a future that will never be realised, and I am aware that its complete realisation is as yet far off. But “where there is no vision the people perish” and it is only by continually reminding themselves of the possibilities that may lie before them that Associations will be able to preserve their individuality and prevent themselves from becoming mere cogs in the wheel of the machinery of Local Authorities.

Opportunity may not yet come, but when it does come let us not fail to use it because the conception of our destiny has been too low.

* The greatest obstacle in the way of this development would seem to lie in the *name* of Voluntary Associations for the Care of the *Mentally Defective* and a change may have to be made in it to suit new conditions.

News and Notes.

Conference on Mental Deficiency.

The Joint Conference of the C.A.M.D. and the National Special Schools Union of which we gave notice in our last number, was held at the Church House, Westminster, on November 25th, 26th, and 27th. Applications for 1,252 tickets were received which can be classified as follows:—

Government Departments of the Board of Control, Board of Education, Ministry of Health, Ministry of Pensions, Home Office and India Office	53
Local Authorities under the Mental Deficiency Act	156
Local Education Authorities	204
Boards of Guardians	211
Special Schools (for P.D. and M.D. children)	286
Certified Institutions, Approved Homes, and Certified Houses	112
Voluntary Associations for the Care of the Mentally Defective	114
Social Organisations	89
Reformatories	2
Individuals	25

1,252

Owing to his absence in Geneva, the Rt. Hon. H. A. L. Fisher was unable to deliver the opening address. His place was however taken by Sir George Newman, K.C.B., M.D.

A full report of the Conference, giving the papers read and all the discussions, can be obtained from the C.A.M.D. Offices, 24, **Buckingham Palace Road, S.W.** (price 2s.). The papers by the Commissioners of the Board of Control, Mrs. Hume Pinsent on "The Relation of Day and Residential Special Schools to Certified Institutions for Defectives," and Dr. Rotherham on "The Case for the Large Mixed Institution," which were unable to be published beforehand, will be included in this Report.

After the discussion following Mrs. Hume Pinsent's Paper, the following resolution was carried, with three dissentients only:

"That the Conference is of opinion that there should be no legal obstacle to combination between Local Education Authorities and Local Authorities under the Mental Deficiency Act for the purpose of providing a Joint Institution, for all grades and types of defectives, certified by both the Board of Control and the Board of Education, and asks the Government to introduce the necessary legislation."

Standing Medical Committee of the C.A.M.D.

At the first meeting of the above, held on December 9th, consisting of all the Medical Members on the Council of the C.A.M.D., Dr. Tredgold was elected Chairman. The following were co-opted Members:—

Dr. F. C. Shrubbsall, Principal Asst. Medical Officer, London County Council.

Dr. A. Greenwood, Medical Officer of Health, Kent County Council.

It was decided that an Honorary Medical Secretary to the Committee should be appointed who would attend meetings and conferences in various parts of the country and bring the subject of Mental Deficiency before other Medical Men.

Dr. Eric Prideaux, M.D., Medical Officer in charge of the Psychological Clinic, Cambridge, was proposed, and he has accepted the appointment.

It was decided, subject to the approval of the London University that a fortnight's Post Graduate Course be arranged for 1921, and a Sub-Committee was appointed to make arrangements. Details of this Course are given below.

The Chairman drew attention to the fact that, though during the last few years six Universities had established Diplomas in Psychological Medicine, only one (London) had any reference to Mental Deficiency, though Cambridge had the matter under consideration. It was obvious therefore that a man might obtain the Diploma without any knowledge of Mental Deficiency, or that a man specialising in Mental Deficiency would be debarred from taking it.

It was therefore resolved to send round a letter to all Universities pointing out to those who have not already issued a Diploma, the advisability for granting such a Diploma, and urging on all that the study of Mental Deficiency be granted a proper and definite place in the Syllabus.

University of London Post Graduate Course in Mental Deficiency.

The third Course arranged by the University Extension Board in co-operation with the C.A.M.D., will be of two weeks' duration and will begin on Monday, May 23rd, 1921, and end on Saturday, June 4th.

The Clinical Instruction will consist of visits to Schools, Homes and Institutions for the Mentally Defective and demonstrations of individual cases of defect by experts, to small groups of students. As in the previous Courses it is intended more especially for those medical practitioners who are engaged in Certifying Officers to Local Authorities under the Mentally Deficiency Act 1913, as School Medical Officers, or definitely concerned with defectives. The Course will be based on the requirements of the Syllabus for the University of London Diploma in Psychological Medicine.

Lectures will be given by Dr. A. F. Tredgold, Dr. W. C. Sullivan, Dr. Eric Prideaux, Mr. Cyril Burt, Dr. F. C. Shrubshall, and Miss Lucy Fildes. Visits to Special Schools and Institutions and demonstrations will be arranged.

The fee for the Course will be £6 6s.

A detailed Syllabus and further particulars can be obtained from Miss EVELYN FOX, University of London, S.W.7.

Course for Teachers in Special Schools.

At the suggestion of some teachers who have already attended two of the Courses arranged by the C.A.M.D. and are therefore ineligible for further ones, the C.A.M.D. hopes to arrange a Special Course for these, and for other experienced teachers of the mentally defective, for one week in the summer in either July, August, or possibly the beginning of September.

This Course will not be as strenuous as previous Courses, as there will be no school visits. Lectures, Classes in Singing Games, etc., and possibly in Manual Work (according to the demand) will be arranged, and there will be ample opportunity for informal discussions. A seaside resort on either the East of Welsh Coast has been suggested as being the most convenient place for such a Course. The Course will, however, have to be self-supporting, so the sum charged to students must cover the expenses of lecturing, etc., as well as of board and lodging. For the latter a sum of from 2½ to 3 guineas for the week will be the probable charge. If thirty students attend, lecturing expenses, etc., will amount to £2 10s. to £3 a head. If there are more students it will be proportionately less. The total cost would therefore be about £5 10s. a head. It is possible that some Education Authorities may assist their teachers to attend.

There are still a few vacancies for this Course. If any teachers with special experience would like to join, would they send their names provisionally as soon as possible, in any case not later than January 31st, to Miss Evelyn Fox, C.A.M.D. 24, Buckingham Palace Road, S.W.1.

Would they also at the same time make any suggestions as to how the Course would be most helpful to them and state whether any of the times suggested are impossible.

London Association for the Care of the Mentally Defective.

We should like to draw special attention to an important development in the work of the above Association.

When the Association was formed in 1914, it, as one of its activities, worked in co-operation with the After Care Committee for Children leaving Special Schools. There has been a steady growth in this branch, the number of cases on the books in 1913 being 1,198 and in 1919, 5,042. The Association has hitherto received a grant from the Board of Control, the L.C.C. Asylums and Mental Deficiency Committee (for carrying out supervision under Section 30 (b) of the Mental Deficiency Act), a few smaller grants and voluntary subscriptions, but no direct grant has been received for this particular branch of its work. The L.C.C. Education Committee therefore, subject to the approval of the Board of Education that such a contribution would rank as recognised expenditure under Section 44 (2) of the Education Act, 1918, made the following recommendation, which was adopted by the Council:—

“That in pursuance of the provisions of the Education (Choice of Employment Act), 1910, as amended by Section 22 of the Education Act, 1918, approval be given in principle to payments to associations for the after-care of blind, deaf and crippled children, and mentally defective children, in respect of the work performed by such bodies in connection with the after-care of children leaving special schools; and that the Council be recommended accordingly.”

This grant has been approved by the Board of Education.

We hope to publish further details as to the amount of grant and the organisation of this branch of the work in a subsequent issue. This grant under the Education (Choice of Employment) Act, 1910, should be a valuable precedent to other Associations undertaking similar work.

Meetings of Secretaries of Local Associations.

Two well-attended meetings of Secretaries were held on November 23rd and 24th. At the first meeting the following Secretaries spoke on special features of their work:—

- (a) Grants recently made to the Association by the L.C.C. Education Committee for the After-Care of Children leaving Special Schools. *Miss Darnell (London)*.
- (b) New Occupation Centres for Defectives. *Miss Brayn (Portsmouth)*, and *Miss Woolston (Ipswich)*.
- (c) Occupations for Defectives in Institutions approved under Section 37, where only a limited number of cases are taken. *Miss Blake (Wiltshire)*.
- (d) Work in connection with Police Courts and cases dealt with under Section 9. *Miss Nevile (Essex)*.
- (e) The placing of Defective Boys on the Land. *Miss Walford (Warwick)*.
- (f) Wolf Cub Packs for Defectives. *Miss Townsend (Cams.)*.

- (g) Classes for Voluntary Visitors. *Miss Luce (Organising Secretary, C.A.M.D.)*

At the second meeting a new Form of Annual Return from Local Voluntary Associations to the C.A.M.D., drawn up by the Statistical Committee of the C.A.M.D. was fully discussed, amended and adopted. The Council and Medical Committee of the C.A.M.D. feel that the information thus obtained may be most valuable for statistical and research purposes.

Lectures arranged by Local Associations.

Several Local Associations have during the last three months arranged lectures for their members and visitors and others specially interested in work for defectives.

The Portsmouth Association has had among others a lecture by Dr. Devine, Sheffield by Dr. Nairn, Wiltshire and by Dr. Glover.

An interesting address was given in Lancaster to the North Lancashire Association by Dr. Coupland, Medical Superintendent of the Royal Albert Institution. After tracing the growth of public opinion during the last century and the different developments in the work for defectives up to the passing of the Mental Deficiency Act, 1913, he went on to show how Voluntary Associations could be of the greatest assistance to Local Authorities by helping to obtain complete ascertainment of persons in the area who were defective, and supplying accurate information. They could also do very good work by assisting the relatives of all defectives in their homes by kindly advice and suggestions for their care, and where possible introducing some simple occupation.

The Magistrates' Association.

The recently formed Magistrates' Association should do much to aid Justices in their work, and especially that part of it which affects mentally-inefficient offenders, to which we understand particular attention will be given. The chief purpose of the Association is to keep Justices informed of developments in penal thought, practice and experiment, both in Britain and abroad, and to this end there will be set up a clearing-house to collect, collate and publish—possibly through the medium of a journal—information on all aspects of Magistrates' work, other than the purely legal. There is great need for a settled policy on the part of Magistrates, and when it is remembered that in England and Wales the courts of Summary Jurisdiction alone number more than a thousand, that each court works in its own water-tight compartment, so to speak, neither profiting by, nor even cognizant of, the experience of courts elsewhere, the vagaries of "Justices' Justice" are easily understood. Hitherto, every court has attacked its problems *de novo*, because there existed no machinery whereby it could do otherwise. The Magistrates' Association will afford such machinery. In addition to a "general clearing house," the Association will set up standing committees relating to matters on which data are constantly required, e.g., Probation, Licensing, Defective Offenders; and *ad hoc* committees to deal with such special matters as from time to time arise, e.g., war-strain and crime. Enquiries should be addressed to me at 43, Devonshire Chambers, E.C.2.

CECIL LEESON,

Hon. Secretary, Magistrates' Association.

Tavistock Clinic.

The Tavistock Clinic for Functional Nerve Cases was opened in September at 51, Tavistock Square, W.C.1, to bring the most modern treatment for such conditions within reach of those who cannot afford specialists' fees. Every

form of Psychotherapy will be available when necessary. Patients will be treated gratuitously or charged a fee not exceeding 4s., according to circumstances; whenever possible they should bring a letter from their own doctor. Every weekday there will be three sessions, beginning at 10, 4 and 6-30 respectively. It is anticipated that some mental defectives will present themselves in the children's department. These will be advised how to obtain treatment in special schools or institutions if necessary. Dr. H. Crichton Miller is the Honorary Director of the Clinic, and Dr. W. A. Potts is the Director of the Children's Department.

Board of Education (Annual Report of the Chief Medical Officer for 1918).

The Chief Medical Officer in this report states that three new schools for mentally defective children have been opened during the year. There are now 194 in England, and five in Wales, providing accommodation for 15,825 children in all.

A return furnished by the Board of Control is printed in this report, giving the total number of cases ascertained during the year by various Local Authorities showing which of the number have been notified to the Local Education Authorities. These figures show great divergence of activity on the part of both Local Authorities and Local Education Authorities. The latter are reminded that their duties under the Mental Deficiency Act include the notification to the Local Control Authority of all children who fall within certain specified classes as defined by Section 2 (2) of the Mental Deficiency Act. The attention of the Local Education Authorities is also drawn to the Board's Regulations (Art. 31.d.) requiring that for all special schools particulars must be given of the after careers of children who have left.

Ministry of Health (Miscellaneous Provisions) Bill.

The above Bill contained an interesting though highly controversial clause (Clause 8) on the Treatment of Incipient Mental Disorders.

The whole Bill however was thrown out by the House of Lords at its first reading on December 13th.

New Residential School for Mentally Defective Children in the County of Durham.

The Durham County Education Committee have established a residential school for mentally defective children at Dinsdale Park, about four miles from Darlington. The school is accommodated in the Hall of Dinsdale Park, which has been purchased by the County Education Authority and altered to meet the requirements of the Board of Education. The Hall overlooks the river Tees and stands in about ten acres of grounds, beautifully laid out, and has been furnished and fitted with great care. The school is certified by the Board of Education for 100 children (52 boys and 45 girls).

The classrooms are bright and airy with a south aspect and with delightful views of the valley of the Tees and the North Riding of Yorkshire.

The School was officially opened on the 1st June, 1920, and there are now 50 scholars in residence. It is expected that the accommodation will be fully taken up after the Christmas Vacation. The whole of the accommodation is reserved for children residing in the Administrative County of Durham.

The Master and Matron of the school are Mr. and Mrs. Robert Young, who are assisted by a staff of certificated teachers. During the short time the school has been opened, the physical condition of the children in residence has shewn a very marked improvement.

The school is organised to give special training in practical work, and apparatus has been provided for recreative and hand-work exercises. Singing and games provide facilities for brightening the corporate life of the school.

The grounds provide unusual opportunities for the special development of Nature Study lessons.

The fact that the children are taught in very small classes ensures the possibility of special consideration being given to each child's needs in the general scheme of instruction.

Rawcliffe Hall Institution.

Rawcliffe Hall, near Goole, was opened last September by the West Riding County Council for the reception of mentally defective women and girls over 10 years of age. The Board of Control issued their certificate authorising the admission of 130 patients of the feeble-minded and imbecile type. By the middle of December a small staff and 27 defectives were in residence.

The Institution was formerly a private residence. The grounds are extensive and include a good kitchen garden. The elder defectives are receiving training in housework, laundry work and plain sewing. In the spring they will assist in the gardens under the direct supervision of one of the staff.

The younger defectives are to receive instruction on Kindergarten lines. They will also be taught sewing, knitting and rug-making.

The accommodation is to be reserved for West Riding cases.

Provision of Institutions and Schools for Defectives by Local Authorities under the Mental Deficiency Act.

Dr. Rotherham's paper on "The Case for the large mixed Institution for Defectives, which he read at the C.A.M.D. and N.S.S.U. Conference in November should be of interest to all Local Authorities who are starting or about to start Institutions for Defectives.

Local Authorities under the Mental Deficiency Act and Local Education Authorities should read Mrs. Hume Pinsent's paper on "The Relation of Day and Residential Special Schools to Certified Institutions for Defectives," as it refers to the opinion of the Law Officers of the Crown, which seems to indicate that it may not be possible.

The C.A.M.D. is taking up the question and we shall be very glad to hear of any Authorities which have the matter under consideration.

Law Report.

A ruling of importance to local authorities and to the managers of institutions was given at the Abingdon Petty Sessional Court on 5th November, 1920, as to the place of residence of two mentally defective women, inmates of the Cumnor Rise Home for the Feeble-minded, Cumnor, Berkshire.

The facts in both cases were very similar. One woman had been born in Reading, the illegitimate child of a mother who had returned to London immediately after her birth and had boarded her out in Reading until 1907, when she was 18½ years old. She had then been removed to the Cumnor Rise Home and had been paid for there by her mother till 1916, since when the cost of her maintenance had been borne by the National Association for the Feeble-minded. The other woman, also an illegitimate child in respect of whom no bastardy order had been obtained, had been born in London in 1894, had entered the receiving house of the Church of England Waifs and Strays Society in November, 1904, after having previously been for short periods in the workhouse at Bow, had been transferred to various homes of the Society, at Southborne and at

Newark, had been placed from the latter institution in two situations in Nottinghamshire for periods of four and eleven months respectively, returning after each to the Newark home, and eventually had been sent from that home to the Cumnor Rise Home where she had been maintained for a time from private sources which had since ceased to be available. Her mother had died in a London County Mental hospital in 1916, having been maintained there at the charge of a London union.

In neither of these cases was action taken under the Mental Deficiency Act until 5th July, 1920, when petitions were presented to a judicial authority by an officer of the Board of Control for orders for the detention of both women in the Cumnor Rise Home at the charge of local authorities. The judicial authority made orders, and found that the defectives "resided" respectively in the County Borough of Reading and in the County of London, with the result that the charges for maintenance from the date of the orders would fall on the local authorities for those areas. In reaching this conclusion he accepted arguments put forward on behalf of the local authority for Berkshire (who desired to resist a suggestion that the defectives had been "residing" in the Cumnor Rise Home), to the effect that that Home before it was certified as an institution under the Mental Deficiency Act, was a hospital within the meaning of section 1 of the Poor Removal Act, 1846, and that having regard to the cases of the Ormskirk Union v. Chorlton Union, 1903, (2 K.B. 498) and the Ormskirk Union v. Lancaster Union (27 J.P. 45), as the time during which the defectives had been inmates of the home was a time during which they could not acquire a place of residence within the meaning of the Act of 1846, it followed that they could not acquire a place of residence within the meaning of the Mental Deficiency Act and that consequently a case of doubt within the meaning of section 44, sub-section 4, of the Mental Deficiency Act had arisen and that the place of residence of each defective must be construed "as the County or County Borough, as the case may be, in which the person would, if he were a pauper, be deemed to have acquired a settlement within the meaning of the law relating to the relief of the poor." The attention of the judicial authority was directed to the case of the Kent County Council v. the London County Council (*re* Helen Law, 79 J.P. 486), and it was pointed out that in that case the Judges had expressed a doubt as to whether a "case of doubt" as mentioned in sub-section 4 of section 44 of the Mentally Deficiency Act could ever arise. It was argued also on behalf of the local authority for London that even if a case of doubt had arisen, sub-section 4 was only applicable to section 44 and not to section 43 under which the petition was presented. Reference was made also to the cases of the Stoke-on-Trent Borough Council v. Cheshire County Council (79 J.P. 402), and the Yorkshire West Riding County Council v. Colne Corporation (82 J.P. 14), and it was argued that residence under the Mental Deficiency Act meant the place where in fact the defective resided, which was clearly at the Cumnor Rise Home, in Berkshire. The judicial authority, however, decided that in each case there was a "case of doubt" within the meaning of section 44 (4) and that the defectives had acquired settlements in Reading and in London, respectively.

Applications made by the Reading Town Council and by the London County Council under section 44 (3) of the Mental Deficiency Act, that the liability for maintenance of the two defectives should be transferred to the Berkshire County Council, were heard by the Petty Sessional Court at Abingdon on 5th November. The Justices by a majority decided that both defectives resided in Berkshire, and orders were made accordingly transferring the liability for maintenance.

As the Berkshire County Council desired to appeal from this decision, the Abingdon Justices have stated a case for further decision by the High Court. The result of this appeal will be awaited with interest.

Correspondence.

TO THE EDITOR.

DEAR SIR,

In the July number of "Studies in Mental Inefficiency" a correspondent voices the objection which is sometimes raised against large Institutions, i.e., the alleged lack of personal interest in the well being of the inmates which a large institution seems to entail. I use the term 'alleged' advisedly because the objection appears to arise from a misconception of the actual conditions which exist. On the contrary I believe that the advantages secured for the inmates themselves to be gained from a large institution are so great that these would far outweigh such an objection even if it had an element of truth in it.

It is obvious that a similar objection might be applied to any large institution whether it be a Public School, such as Eton with its 1,100 boys, a large elementary School, or an Asylum. The head of any large undertaking has so many and varied duties that he must inevitably be unable to be in close personal touch with each individual member of the community over which he rules. He has however a staff of assistants who in their more circumscribed sphere are brought into a much closer personal relationship with those who come within the scope of their activities. The larger the institution the more possible is this subdivision of duties and of personal interest: This is more essentially true of institutions for the feeble-minded than for any other type of corporate life. Small homes and institutions cannot in the nature of things provide for this subdivision of labour nor can they provide for the variety of occupation, yet the happiness of the inmates depends largely upon the degree of success with which their interests and activities are brought into fullest play. Indeed one of the chief causes of unrest and reduced efficiency is the uniformity of occupation and the resulting monotony of life

which is inevitable in a small institution. For example, many small homes for girls and young women depend upon laundry work as their main industry with the result that after a few months the inmates, from want of a change of occupation, sink into a state of apathy or rebellion, according to their temperaments. In a large institution where many different kinds of work can be carried on and where classification is possible, things are very different, for here a right proportion of grading of different types of defectives is of the greatest value in keeping the inmates contented and in aiding them to self-realisation and discipline. Some years ago it was my privilege to spend a week at the Massachusetts Colony for the Feeble-minded at Waverley. Nothing could be more instructive than the system and organisation of the ten pavilions in which were housed the various grades of inmates nor the variety of industries which were followed. There were 1,500 feeble-minded "colonists" upon 150 acres of land while sixty miles away was Templeton, where 280 young men were leading a healthy life on 2,000 acres of rough country which they were gradually bringing under cultivation. Small institutions cannot supply sufficient scope for a resident medical and nursing staff nor for highly trained manual instructors. Yet if the institution is to be more than a store house for inefficients an adequately trained staff is essential.

The experience of the members of the Royal Commission who visited the American Institutions is of value in this connection. They write (Report Vol. I. 297):—

"They were impressed with the large size of American Institutions, some of which contained from 500 to 2,000 inmates. This seems to them to secure proper classification, the general plan being that each institution contains three departments—the custodial for the lowest grade, the school for the higher grade children, and the industrial. Our members are of opinion that the large size of an

“institution tends not only to better
“classification, but to greater economy.”

It cannot be too clearly laid down that if colony treatment is to be a real solution of the problem, two main conditions must be fulfilled. (1) The institutions must command the complete confidence of the public and of the relatives of the persons committed to them; (2) they must be a “business proposition,” i.e., they must so develop the individual capacities of the inmates that there will be some sort of financial return in proportion to the outlay involved.

The key to success is proper grading and classification and this can only be attained by establishments of sufficient size. It will be disastrous to an adequate solution of the problem of mental deficiency if the country is studded with small, inadequately equipped, imperfectly staffed, institutions where satisfactory grading is impossible and where there is too little opportunity of utilising the productive capacity of the inmates.

It may be argued that such a policy would be inimical to the numerous small homes for the feeble-minded which have already done such magnificent work. There is, however, no ground for such a view and it would be a simple matter to affiliate the smaller homes with some large centrally situated institution, in much the same way as the numerous V.A.D. Hospitals were attached during the war to the large Military Hospitals. The success of the large colonies in America has already been mentioned and the experience of other countries tells the same tale, e.g., Darenth in England, Bielefeld and Alsterdorf in Germany, and Ebberøgaard in Denmark.

We cannot afford to be misled by the fetish of individualism in dealing with a question of national importance.

I am,

Yours faithfully,

G. A. AUDEN.

Birmingham

October, 1920.

Book Reviews.

PSYCHOLOGY OF THE NORMAL AND SUBNORMAL, by Henry Herbert Goddard, A.M., Ph.D. Kegan Paul, Trench, Trubner and Co., Ltd. 25s.

Most psychologists would agree with Dr. Goddard when in his introduction he refers to the limitations of simple introspection, and when in his second chapter he lays stress on the fact that ‘psychology has been compelled always to go somewhat beyond the limits of consciousness in attempting to explain mental phenomena,’ but such statements invite enquiry into his selection of an alternative or supplementary basis of investigation. Attempts to supplant or supplement the introspective method fall roughly into three groups, one of which takes leave of psychology as a self-supporting science with its own data, laws and concepts, in favour of what is really a special province of physiology, while the behaviouristic and the psychoanalytic groups seek respectively to supplant introspection by a study of the external reactions of living organisms or to re-inforce it by a special technique. Dr. Goddard’s choice is distributed between a frank switching over into the subject matter of physiology and reliance on the data has been obtained from a close study of the behaviour reactions of subjects under his care. Since his book is mainly concerned with an organically determined group of mental conditions the excellent and lucid account he gives of the neurological aspects of these conditions cannot fail to be of considerable use to the student, but has clearly no claim to be styled psychology, and the critic has a right to grumble when a book with this title is not only packed with neurological data but consistently interprets in neurological terms the writer’s valuable psychological experience. It is a further indictment of the use of such a title to point out that the writer ignores the important contributions of the psychoanalytic school to the elucidation of both normal and abnormal psychology. It is conceivable

that when writers on these subjects have come to grips with this new body of knowledge there will be less temptation to fill large gaps in their psychological discourse with borrowings from other science as when the writer explicates thought with the help of the physiological conception of neurochyme.

That the writer is out of touch with these important trends in modern psychology is further shewn by statements such as 'intellectual life controls to some degree emotional life and probably is *capable of complete control of action no matter what the condition of the emotion.*' The compulsive action of the highly intellectual compulsion neurotic offers the most striking contradiction of a statement which psychoanalysis has shown to be also untrue of the actions of everyday life.

When his book is regarded not as the psychological treatise the title leads us to expect, but as an expert and practical contribution to the study of Mental Deficiency; the mood of criticism is replaced by one of appreciation of the writer's unique practical experience and his success in attaining the ideal of clearness in presentation which he prescribes for himself in his introduction.

Students of Mental Deficiency will find his discussion of mental testing valuable, although designedly elementary. The critical reader finds his optimism on this subject better based when he applies it to his findings within the limits of mental defect than when he extends it to a comprehensive sorting out of the community at large. In spite of notable advances it is still true that, as Dr. Wells reminds us, "Better reasons can now be given for regarding a boy John as defective than for saying that James will do best as a teacher, lawyer, or business man."

By far the most valuable section of the book is that devoted to the pedagogy of the Mentally Defective which should be read by everyone who has any personal dealings with members of this class. One could wish that his discussion of punishment could find a wider circle of readers.

JAMES GLOVER, M.B.

INTELLIGENCE AND SOCIAL VALUATION. R. A. Berry, M.D., & S.D. Porteus. Department of Research, the Training School Vinelands, New Jersey, 1920. P. 100.

Any methods which will add to the armamentarium of those who have to diagnose or care for the defective are sure of a ready welcome. At one time physical examination played a predominant part, but it gradually lost ground when it appeared that only a minority of defectives belonged to special types. Estimation of the size of the head, useful as a guide in certain instances, fell into disuse when it was shown in the mass to shew little correlation to general intelligence. Prof. Berry, of Melbourne, sets out in the first part of this volume the results of thousands of measurements of the head with calculations of the cranial capacity by the use of the formula devised by Miss Alice Lee. He adopts the method of percentile tables for each age so that an individual may be readily compared in his own age group. He finds the average capacity of the head of defectives is less than that of normals, but testing samples from each percentile range he has established that children in the lowest ten percentile group present about 50% at dull or feeble-minded levels with only 5% above normal, while of the 90 percentile group 14% were subnormal and 25% supernormal. The existence of defectives in the higher groups in excess of those in intermediate capacity groups is due to the fact that the size of the head may be increased by overgrowth of non-nervous tissues in the brain. Some help in diagnosis may be obtained by noting the capacity of the head in a subject and noting the percentile group in which it would come, though the general adoption of this method with reasonable certainty would involve the working out of similar percentile tables in each country.

A study of the grip and of the vital capacity of this large group of children shewed that the defectives had a marked inferiority in psychophysical development.

A study on the Porteus maze tests investi-

gates characters of prudence, forethought, capacity to learn from practice, and adaptability to new situations not so fully tested by the Binet Simon method. The correlation of the results by the two scales is high and justifies the use of these tests, but as the author points out rather for purposes of supplementing than of replacing existing methods of testing. It must be appreciated that there are no mental tests of the simplicity of the reactions in chemical analysis; they serve as indications, but diagnosis rests on the experience of the observer. This volume should be widely read from its suggestive and critical nature and for its extensive summary of the literature of the topics discussed.

F.C.S.

Recent Publications.

Books.

FEEBLEMINDEDNESS IN CHILDREN OF SCHOOL AGE, by C. Paget Lapage, M.D., M.R.C.P., 2nd edition. Longman, Green and Co. 10/6.

STUDIES IN NEUROLOGY, by Henry Head, M.D., M.R.C.P., F.R.S. 2 vols. Henry Frowde, Hodder and Stoughton. £3 3s.

PSYCHOLOGY OF THE SPECIAL SENSES AND THEIR FUNCTIONAL DISORDERS, by Arthur F. Huist, M.A., M.D. Henry Frowde, Hodder and Stoughton. 10/6.

LOGIC OF THE UNCONSCIOUS MIND, by M. K. BRADBY. Henry Frowde, Hodder and Stoughton. 16/-.

ELEMENTS OF PRACTICAL PSYCHO-ANALYSIS, by Paul Bousfield, M.R.C.S. Kegan, Paul. 10/6.

PSYCHOLOGY OF PHANTASY, by Dr. Constance E. Long. Balliere, Tindall and Cox. 10/6.

INSTINCT AND THE UNCONSCIOUS, by W. A. R. Rivers, M.D., D.Sc., F.R.S. Cambridge University Press. 16/-.

DREAMS AND PRIMITIVE CULTURE, by W. H. R. Rivers, M.D., D.Sc. F.R.S. Longman, Green and Co.

MIND AND WORK, by C. S. Myers, M.A. London University Press. 6/-.

PSYCHOLOGY AND PSYCHO-THERAPY, by William Brown, M.D. Arnold. 8/6.

MIND ENERGY, by Henri Bergson. Translated by H. Wildon Carr. Macmillan. 10/-.

EDUCATIONAL EXPERIMENTS IN ENGLAND, by Alice Woods, M.A. Methuen. 7/6.

NURSERY SCHOOL EDUCATION, edited by Grace Owen, B.Sc. Methuen. 5/6.

MONTESSORI EXPERIMENT IN A LARGE INFANTS SCHOOL, by Mary Blackburn. Constable. 6/6.

THE NEW EDUCATION, by L. Haden Guest, M.R.C.S., and others. Hodder and Stoughton. 2/-.

CHILD PSYCHOLOGY. Development in the first four years, by Vilhelm Rasmussen. Gyldendal, 11, Burleigh Street, Covent Garden. 3/6.

HISTORY OF EDUCATION, by Charles G. Boyer. Harrap. 7/6.

SCHOOL AND FIRESIDE CRAFTS, by Ann Macbeth and May Spence. Methuen. 8/-.

DRAWING AND CARDBOARD MODELLING, by W. A. Milton. Murby. 7/6.

MAKING TIN CAN TOYS, by Edward Thatcher. J. B. Lippincott and Co. 6/-.

HUMAN PSYCHOLOGY, by Howard C. Warren. Constable. 12/-.

A GUIDE TO THE EDUCATION ACT, 1918, by K. E. T. Wilkinson. 4th edition. The Athenaeum, 10, Adelphi Terrace, W.C.2. 3/6.

NERVES AND THE MAN, by Charles Loosmore, M.A. Murray. 6/-.

CHILD WELFARE MOVEMENT, by Dr. Janet E. Lane Claypon. G. Bell and Sons. 7/-.

MILITARY PSYCHIATRY—PEACE AND WAR, by C. Stanford Read, M.D. H. K. Lewis and Co. 10/6.

INTRODUCTION TO THE STUDY OF HYPNOTISM, H. E. Wingfield, M.D. 2nd edition. Bailliere, Tindall and Cox. 7/6.

ANXIETY HYSTERIA, by C. L. Rixon, M.D., and D. Matthew, M.D. Lewis and Co. 4/-.

REPORT OF INSPECTOR OF AUXILIARY CLASSES OF ONTARIO, 1919. Published by A. T. Wilgress, Toronto.

SURVEY OF PUPILS IN THE SCHOOLS OF BAKERSFIELD, CALIFORNIA. Whittier State School Printing Dept.

C.A.M.D. Publications.

ANNUAL REPORT, 1919-1920. 1/-.

FULL REPORT OF CONFERENCE held on November 25th, 26th, 27th, 1920. 2/-.

THE CARE OF THE MENTALLY DEFECTIVE. 1d. each, or 5/- per 100.

To be obtained of H.M. Stationery Office, Imperial House, Kingsway.

Ministry of Health,

ANNUAL REPORT OF CHIEF MEDICAL OFFICER FOR 1919-1920. 3/6.

Board of Education.

ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER, 1919. 1/6.

SOME EXPERIMENTS IN THE TEACHING OF SCIENCE AND HANDWORK IN CERTAIN ELEMENTARY SCHOOLS IN LONDON. 1/-.

Notices.

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The following Courses of Lectures will be given at the above Clinic during January, February, and March:—

- (a) A Course of Five Lectures on Mental Deficiency by Dr. W. A. Potts, M.A., M.D., on Mondays at 5-15, beginning January 17th, 1921.

Fee for Medical Practitioners £2 2.

Fee for Medical and other Students £1 1s.

- (b) A Course of Eight Lectures on "The New Psychology and its Bearing on Education," by Dr. H. Crichton Miller, M.A., M.D., on Fridays, at 5-15, beginning January 21st, 1921.

Fee for Qualified Teachers .. £2 2s.

Fee for Students of Education and Settlement Workers £1 1s.

- (c) A Course of five lectures on "Analytic Psychology," by Dr. Maurice Nicoll, B.A., M.B., on Mondays, at 5-15, beginning February 21st.

Fee for Medical Practitioners £2 2s.

Fee for Medical and other Students.. .. £1 1s.

Tickets and further particulars can be obtained from Miss A. D. Trotter, 18, Eaton Place, S.W.1.

C.A.M.D. Change of Address.

The C.A.M.D. has now left Queen Anne's Chambers. Its new offices are at 24, **Buckingham Palace Road, S.W.1.** (opposite Gorrings). Entrance in Victoria Square. All communications should be sent to the new address. The telephone number (Vic. 7875) is unchanged.

Montessori Course.

A Training Course on the principles and practice of the Montessori Method of Education at which Dr. Montessori will lecture, will be held in London from April 1st, to the end of July, 1921. Further particulars can be obtained from Mr. C. A. Bang (Hon. Director), 20, Bedford Street, London, W.C.2.

STUDIES in MENTAL INEFFICIENCY

Issued by the Central Association for the Care of the Mentally
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VOL. II. No. 2.

APRIL 15TH, 1921.

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VII
5
A Method of Personality Diagnosis and Evaluation

With Provision for Social Service Propaganda.

GUY G. FERNALD, A.M., M.D., Massachusetts Reformatory, Concord, U.S.A.

IN the comparatively rapid advancement made in recent years in that branch of Social Psychiatry known as the study of the Feeble-minded and of its subsidiary, the study of the Defective Delinquent, a most important and significant development has been the increased attention directed to the observation of the quality of mentality which we call character in contrast with the degree of mentality which we call intelligence. The various investigators in this field have used each his own laboratory methods and avenues of approach and the nomenclature is by no means uniform: but that the trend of the more progressive investigators is in the direction of a more nearly adequate observation of character traits is shown by their employment of terms which discriminate between "Mentality" on the one hand and "Intelligence" and other mentality components on the other and by the appearance in recent literature of such terms as "Behavior Disorders," "Conduct

Anomalies," "Personality Studies," "Personality Ratings," "Characterial Deviations," etc.

The mental organisation or system which eventuates in action is quite as significant as an index of personality efficiency as is the mental organisation which eventuates in thought and its expression. A clear recognition of this fact shifts the investigator's viewpoint to one whence the potentiality of characterial mental factors is seen.

In actual daily usage, as well as in juridical procedure, each personality is held accountable for behavior or action, the product of character essentially; but is not held responsible for thought, the produce of intelligence chiefly, which does not eventuate in action. "A man may think whatever he pleases so long as his actions do not contravene established legal or social forms."* Any basis of fact then, on which to assess a valuation of personality can not consistently ignore the ascertainable facts to be connoted under characterial deviations or rectitude.

That no method has been advanced of directly testing and numerically scoring the quality and quantity of the characterial deviations and rectitude determining behavior need not discourage effort to discover such or to devise other methods of case presentation which serve the various administrative or scientific purposes demanding them. Psychiatric studies of personality have depended upon scientific observation and description rather than upon numerical scoring for clarity in such presentations quite successfully and have been greatly aided by the various categories devised.

It may be helpful in the present state of our knowledge of this developing speciality of personality evaluation to consider in turn the findings in these three fields of investigation: (1) Mental disease, (2) Intelligence, (3) Character.

Few personalities present symptoms of mental disease, but all personalities present observable variations in kinds and degrees of mental activity in both the field of intelligence and in that of character. Moreover efficiency is determined by the kinds and degrees of these activities.

It may be suggested that temperament is a mental organisation influencing conduct and efficiency and it may well be that temperament and the instincts and possibly other mental organisations should be investigated in a given case; but until it is shown that in personality studies these or other organisations should be regarded as separate fields of investigation, they may be given appropriate attention under character without being regarded as major headings.

We submit the following tentative scheme of case groups noting that the list of possible diagnoses is susceptible of expansion and of statistical and cross-reference treatment and that any given case, categorized as an entity may still present symptoms or indications tending to modify classification which no complete investigation may ignore. For instance, it is conceivable that an imbecile may be found to present the symptoms of a dementing psychosis or a congenital syphilitic may be an epileptic also, or a sex psychopath may be of adult mentality or a moron or an imbecile.

*"Character vs. Intelligence in Personality Studies," by the author, *Journal of Abnormal Psychology*, Vol. XV., No. 1, April, 1920.

TENTATIVE CLASSIFICATION OF BEHAVIOUR DISORDERS
PSYCHOPATHIC LABORATORY MASS. REFORMATORY CONCORD, MASS.

Responsibility	Manifestations	Groups	Diagnoses	
Behavior Disorders	Annulled	Alienations	Psychoses	
			Epilepsies	
	Limited	Deficiencies	Intelligence Defects	Idiot
				Imbecile
Entire	Aberrations	Psychoneuroses	Moron	
			Con'l Psychopathies	
			Subnormal	
		Neuro'l Disorders		
		Endocrenopathies		
	Habits of Action	Characterial Deviations or rectitude		

GRADES OF EFFICIENCY.

DIAGNOSES	Super-Normal	Normal or adult	Sub-normal	Institutional
Psychoses				
Recoverable				
Recurrent				
Ch. without deterioration				
Ch. with deterioration				
Traumatic				
Alcoholic				
Syphilitic				
Senile				
Arteriosclerotic				
Brain Tumors				
Myxedematous, etc.				
Epilepsies				
Grand Mal				
Petit Mal				
Jacksonian				
Masked, etc.				
Intelligence Defects				
Idiot				
Imbecile				
Moron				
Subnormal				
Psychoneuroses				
Hysteria				
Psychasthenia				
Neurasthenia				
Paranoid Personality				
Con's'l. Psychopathies				
Co-ordination Psychopath				
Sex Psychopath				
Neurological Disorders				
Neurosyphilitic				
Tremors, tics, chorea				
Endocrenopathies				
Characterial Deviations*				

*Specified in case notes and there associated, contrasted and illustrated. Certain observed deviations of frequent occurrence are the following, viz.: Too egocentric, lacks self respect, sex conflict, lacks definite ambition, acquisitiveness uncontrolled, lacks foresight, sordid tastes unchecked, too labile emotionally, too suggestible, misanthropy uncontrolled, too tenacious, unamenable to reason or authority, etc. ad lib.

No form of case presentation is complete which does not recognise the limitations of categorization. Our classification deals with the functional content of mental organisations or complexes and is an aid to analysis. It can not alter the fact that many elements enter into every problem of personality evaluation; but should aid in making all the facts clear without confusing the issues by conducing to an increased breadth of view which discovers factors in the problem not disclosed by a narrower outlook. No categorical scheme can replace a scientific presentation of all the findings; but the former may supplement the latter and aid in the process of preparation thereof.

Cross-reference treatment of such a syllabus as that suggested, introducing three or more grades of mental efficiency would tend to meet the objection that a category can not state all the facts, but does not eliminate the objection; since use of the cross-reference device still leaves us under the necessity of recourse to scientific description for an approach to completeness. This emphasises the observation that any scheme of categorization is only an aid, a means to the end of adequate presentation and is not to be regarded as compassing the end. Its chief value when rightly used is in its capacity to extend the investigator's vision and as a statistical device. Its place is in summarising and preparing for case and statistical presentation and not in the search for material facts at the time of the examination. Obviously use of the category should not narrow the investigator's search for facts, only facilitate his collection and presentation thereof. The employment of any scheme which limits or prejudices the search for truth is a misuse. To the extent our outline of a method of evaluating the whole personality conduces to correct evaluation it is of value; but it is valueless to the extent it is an attempt to justify a method.

The importance of ascertaining the intelligence age level is not to be minimised, but the fact remains that in determining intelligence age level the investigator is canvassing only one portion of the area to be investigated in personality evaluation. Factors of personality quite as significant in the determination of efficiency or inefficiency are to be found in the field of character.

It is in the character of the individual that search is made for the strength of will needed for the overcoming of tendencies to sloth which may defeat success in those of high as well as those of low intelligence age level. The ability to plan a judicious course of self-training for efficiency resides pre-eminently with those of a superior intelligence; but the ability to continue to deny oneself pleasure in order to succeed is less an attribute of intelligence and more one of character; since one may know full well that continued self-denial is necessary and still be unwilling to compass the sacrifice involved. Failure, sociologically and economically is at least as often due to mediocrity of ability to continue to pursue a well selected purpose as to paucity of academic knowledge of the course to pursue.

We know a young man of superior intelligence who has spent about five years in prison for repeated thefts. He knows the disaster consequent upon stealing; but he is weak in his ability to resist the temptation to steal, the temptation consisting of his wish for money to spend with expensive associates.

We know two imbeciles incapable of self-determination. The one lives happily on a farm and drives cows, milks, etc., always under supervision, but trusted within limits. The other, of no lower order of intelligence will not work, but will beg. He is a tramp in pleasant weather and does not hesitate to pilfer or falsify to gain his little ends. The actions of the one measure up well with his

intelligence rating; while the actions of the other do not correspond with his roughly equal academic knowledge. The one does as well as he knows how to do; but the other does not do as well as he could. The essential differences in the two personalities are in the field of character.

The hope for the sociologic improvement of those of defective mentality and for the raising of the standard of community efficiency lies along the lines of conserving and developing character values where possible, as well as in educating technically. To conserve and upbuild character values in defectives, these values or the want thereof must be recognised early and advantage be taken of the possibilities of habit formation.

Therefore we would point out that the personality investigator who seeks to make a complete presentation should approach his problem in the spirit of the scientist determined to thoroughly know his material. One method is to first determine whether mental disease is to be excluded. If it is excluded then the mental capacities and incapacities of the reactant may be investigated by determining the intelligence age level and by determining the characterial deviations and rectitude. All the facts may then be considered and the reactant's place be found in some scheme providing for statistical treatment, filing convenience or what not; but no scheme of tabulating or filing for group treatment should be substituted for a full case summary which will present all the essential facts some of which cannot appear in a tabulation or a bare diagnosis.

The following abstract of that portion of a psychopathic note from our files which deals with the characterial reactions related to habitual lying is rewritten only to eliminate the abbreviations and elisions incident to the actual running account of occurrences as they are noted during the interview which in this case lasted more than two hours, in two sessions. The length of this partial quotation, though not unusual precludes the submission of others. This case is selected as it illustrates the method of search for characterial deviation data and also the attempt to constructively aid the reactant, obviously our social service opportunity. Besides the notes the cases on file contain the field investigator's calendar of information which is very full and informing, and the physical information sheet. On the basis of the latter this reactant was instructed again in sex hygiene, this time on the deleterious effects, intellectual and moral especially, of masturbation, and proved a very appreciative listener. The questions he asked were well chosen and such as to create the suspicion that the information was appropriately given. He was not asked to commit himself, however. Sex hygiene information on the very best way to avoid the contraction of venereal diseases, it should be explained, is given at the time of the physical examination, i.e., on arrival. With selected cases the following points are frequently made, viz.: that solitary sex indulgence must be stopped by one who is to reform himself, that on cessation of indulgence one's returning self-respect is a great aid in the struggle for self-mastery in other ways, that this is a form of temptation to be met before leaving the reformatory and that one may test himself and his capacity for resisting temptation from day to day, that every man can stop the habit and that one who does not do so, should hardly expect to succeed in other really worthy undertakings. These points were made late in the interview with the reactant whose case abstract is given, viz.:

SPECIMEN ABSTRACT FROM A PSYCHIATRICAL NOTE.

No..... (Name) 20 (age). Date.....

ETHICAL DISCRIMINATION TEST :* .56.

(A judgment and observation test, standardised with nine others, this one employing 10 offences as units to be arranged in a series from least to greatest in the order of their gravity from top to bottom. Stimulus given by reactant's reading it aloud).

Stimulus repeated as a question beginning, "If you arrange these offences, etc.; where will you place the least offence when you find it?" "At the bottom." No. Question repeated. "In the middle." Manner almost insolent. Attitude toward test rebellious. "Why do you give that answer? . . . Such an unexpected answer as that has some reason back of it. What is it?" "It is foolish. Why do you ask me such foolish questions?" Is told that so far from being foolish it serves its purpose well and its value has been favourably reported upon by experts, that it helps to show how one's mind works, whether ill or well, that to find whether a man can control himself or not we must know how his mind works, that the Parole Board can not tell whether a man is worthy of parole or not till they know something about the kind of a mind he has. Is then asked whether the test or his reply to my question is foolish. He sulkily replies, "The test" and pushes the apparatus away. Asked again the reason in his mind when he replied that the least offence should go in the middle, he hesitates, then says, "The Parole Board hasn't got anything on me but smoking in the morning" (out of hours). Is told that that does not answer my question and he hazards, "Then they want to know about an abscess I had in my ear when I was 13 or 14 years old." Is told sharply that does not answer the question put, that no evasion will be accepted, that his manner is offensive, almost insolent, that if he allows himself to be insolent the interview will be terminated and the report made on that basis. He smiled in some embarrassment and thenceforward his manner was inoffensive and he exerted his best effort to meet the requirements. Requested to arrange the offences as directed he set about doing so with the above indicated score. Asked why he replied that the least offence should be placed in the middle, he replied, "I didn't stop to think." He again attempted to justify or exculpate when asked whether his life had been more one of failure or success; but finally admitted to his discredit.

"Are you a sane man and responsible for all you do and say or not?" "I am sane." "Did you ever tell a lie?" . . . "Yes." "Now look back into your life of the past few years and see whether or not you find you have gradually got into the habit of giving the answer you thought you could get by on whether true or not." . . . "Yes, I have." "Those are disagreeable questions to answer. You have stopped trying to impose on me and have made yourself stop and think before answering and you have met the disagreeable issues presented. What is the reason I put these disagreeable questions and raise these unpleasant issues and stimulate you to answer truthfully?" "Because you have a good reason to." "What good reason would I have?" . . . "You want to help me

*Monograph review by Prof. L. Jacobsohn-Lask, "Über die Fernald'sche Methode zur Prüfung des Sittlichen Fühlens und über ihre weiters Ausgestaltung." Beihefte zur Zeitschrift für angewandte Psychologie Herausgegeben von William Stern und Otto Lipmann. 24. Leipzig, 1920. Verlag von Johann Ambrosius Barth, Dorrienstr. 16.

Also "The Defective Delinquent Class: Differentiating Tests," by the author. Am. Journ. Insanity, Vol. XLVIII., No. 4, April, 1912. Second Edition, 1917.

along . . . and to make a better man of myself." It is explained that while I might wish him to be always at his best, no one but himself could really do that, that my reason for asking the disagreeable questions and stimulating him to answer truthfully was to discover especially to him a certain weakness in his character, i.e., that of being willing to let a wrong impression obtain when it seemed to him expedient. He reluctantly admitted the weakness. In making this point, however, the expression was used as an illustration—"The bluffing of parents or teachers or a policemen" He at once volunteered "I never lied before I came here," then recalling his admission above, apparently, "I never lied to a policeman." Asked if his statements are not good illustrations of the point just made and do not show clearly how thoroughly fixed his habit is of conveying a wrong impression when tempted, he smiled sheepishly and averted his eyes.

"Has your self management experiment, since you broke away from home and school restraint and training been good or bad? . . . Now there is another disagreeable issue to face." "It has been good." "You ought not to 'fall down on' that after the lesson I've given you on the wisdom of telling the truth." . . . "It's been bad, I guess . . . I've done nothing worse than smoking in the morning here."

Epilepsy eliminated, also insanity. No evidence of neurological disorder nor of psychoneurosis. The tests for intelligence age level are given at this point. The age level by the Terman tests falls at 10-2 years. Blood Wassermann is negative.

" $3/8$ plus $5/16$?" "8/24." "17ft. 8in. equal how many inches?" Asks if he shall multiply by 12. Makes a mistake in multiplying and is shown that his incorrect answer is due to that error. Had studied "Interest" in school. Headaches denied. "Only sick headaches when young . . . too much sweet stuff." Did your parents favour your eating as much sweet stuff as you did, or did they advise your eating less? "They didn't say nothing." "So they let you eat all you wanted to?" "No, they told me not to." "Your answers are not very consistent. Why didn't you do as they told you?" "Too young . . . 7 or 8." "Then you weren't taught to mind and were disobedient and are now paying the price."

"Look back over your actions and see what they show you wanted most in life. The merchant wants success in his business and his actions show it. The teacher wants to do his best as a teacher as shown by his actions. He works hard for small pay. A brick-layer working on his own house works hard and long and does thorough work; but the hired brick-layer might work slowly or carelessly; if he were a timeserver. Now, what do your actions show you wanted most in life?" "Success." "But you haven't succeeded . . . why not?" "I was all right till I got in with the crowd." "Don't try to shift the responsibility. You lived your own life. That doesn't answer my question." . . . "Because I didn't get enough school in the first place." "Are you sure you wanted to succeed most of anything?" "Yes." "What kind of success did you have in mind?" "In a factory—(rubber)—rising to be foreman." "But you are not a foreman. Why not?" . . . Question repeated. . . . Is still sure he worked for success. Admits he did not study evenings and that he left after a year and a half without notice to take a vacation in summer and that on his return he was told another had his place. "Do not your actions show that you really wanted a good time more than you wanted success?" "Yes." (With conviction,

apparently). "I've been reformed since I've been here." "Oh, no! You are not yet reformed, . . . not in this short time. You need to change yourself over in your habits of thinking and acting, to really make a man of yourself. It is a long, hard job to restrain oneself, knock off all the old habits and become a real hustler. You have all that to do for yourself, now that you have cut loose from home and school and have been idle and disorderly so long. Instead of being reformed you are only sorry you are here. Now if you were going to really undertake a job like that how would you go about it? Your being sorry you are here is only the first step. That is good as far as it goes." "And sorry for what I've done." "That is one of the best things you've said yet. I've no doubt you are. Now when one is sorry what is the next step toward better acting and living?" "Have a good ambition." "Yes, that is good too, or have good intentions. The ambitions come a little later. Is anyone reformed who has good intentions?" "No, the task is to be done." "I suppose everyone in this reformatory is sorry and intends to do better when he is at his best . . . and don't you think so?" "I don't know. Some are not, I guess." "Oh, I think when they are alone and think it all over, when they are at their best, they intend to do better; but they forget their good intentions. You are now at your best, trying your best to think and understand and plan. At the first of the talk you were not at your best. You didn't try to do the best you could." At one point he volunteered he must plan to stop stealing as well as lying.

"Now what next. . . after good intentions, for the man who really wants to reform himself?" "Go ahead and do it." "No not yet. Suppose I have the good intention to build a house. What next?" "Do it." "No, not without a plan, would I?" "No." "Well, then the man who is to reform himself, make himself over in habits and manner of work and study must plan carefully and well or he will fail." Here follow directions for writing out his plan for at least five years of work by day and study in classes in the evenings, involving the learning of a trade and the judicious use of time and money, the rewriting of the plan many times, scores of times with the view that he will plan for success without counting the sacrifice. The point is made that he can't reform in the reformatory, the time is too short (he hopes for release in less than five years, his sentence) and we can't bring the temptations he will meet outside in here for him to practise with. He must wait till he goes out to meet them there. This is a very good place in which to prepare for the reformation which he is to try outside, as the High School is a good place in which to prepare for the college course. His plan is part of his preparation. A good one will be the best protection against yielding to temptation when he goes out that he can provide himself.

"After the plan is so nearly done that you begin to feel some pride in it and begin to see that if you live up to it, your life will be a worthy one; what next, if you are really to reform yourself?" "Do it, right off, before I could forget it." (earnestly.) "No, you overlook a short but very important step. Before I build my house, after the plans and specifications are all ready, what must I do before building?" "I don't know of anything else." "Why, I must decide whether I can pay the costs, mustn't I? And I must determine I will pay them. I must decide to draw my money from the bank and must determine I will have the house; even though it costs so much." "Yes." "Well, I've told you something about how much it will cost you to reform yourself at this late day. You are almost at the end of the formative period of life. No one learns a trade or reforms after 25. Habits are fixed by that time.

Now your work is outlined and you know something of the difficulties ahead of you; but you also know something about how to go to work on your own rebuilding. No matter how hard you work on your plan you will be no more than ready to leave this place when the time comes. You can't be too well prepared for the five years struggle that is to begin when you leave. Better not really take the fourth step, the deciding and determining one, till the day you leave this place." He is given a brochure on "Reformation as an Undertaking" and another on "Reformation and Masturbation."

With a handgrasp and a spontaneous, if somewhat mumbled word of appreciation and thanks, he departs, glancing back furtively, with an expression we obviously could not interpret; but doubtless an expression of his mixed feelings.

It is frequently suggested to reactants whose educational advantages have been improved by them that they write out for themselves i.e., not to be vided, their notes on what they regard as the good points brought out in the interview as a basis for their effort to commit their plan to writing.

Too much space would be required to present our search in other directions for characterial data in this case; but his slothfulness, self indulgence, the poverty and perverseness of his filial reactions, failure to use his will power, and to exert a correct influence on others, his unchecked yielding to selfish impulses, his ignoring the rights of others and his too great tenacity of his own opinions were all admitted by him. He was credited with sufficient will power, if it were only rightly directed, and with feeling keenly his disgrace and with the intent to achieve success and he was taught how to utilize these and other good qualities in his strife for success.

Following is a copy of an abstract of his case from our case files, viz.:

MASSACHUSETTS REFORMATORY PSYCHOPATHIC LABORATORY

Case Abstract

Summary

No.	19 (age)	Date
Intelligence Age Level: 10-2 years		I.Q. .65
Category: Middle Grade Moron		

Characterial Deviations: These are wide. He cast loose from home and school restraints too early and has been a pleasure seeker since, often in vicious surroundings. Falsifies easily and habitually. Has been damaged especially in self respect by vicious sex indulgence. Is too easily grouchy and offensive. Unpractised in self control.

Sociologic Maladjustment: Thief and unreliable.

Physical Health: Free from disease, well nourished. Sexual excesses have damaged him somewhat.

Laboratory Classification: Characterial Deviate.

Mental Disease: None.

The card for the index file contains in addition to identification data, notation of the intelligence age level and I. Q., and the symptoms; if a neuropathic, neurosyphilitic or psychiatric case, or one of the like kind presents, the characterial deviations, the laboratory classification and a private code sign indicating the grade of efficiency. Findings of social maladjustment, sanity, physical handicaps and our recommendations are not included in the card index. They are included in abstracts, however, as these are of administrative importance and of special interest to the Board of Parole.

The plan of laboratory procedure outlined and partly illustrated which serves fairly well the scientific and practical needs of our clientele would almost certainly require adaptation on transplantation. Any procedure, however, which proves on use to be other than scientifically exacting, inclusive and constructive, will also be found to be inadequate.

In conclusion, success in personality diagnosis and evaluation is less a matter of method than of manner. The method must be adapted to the personnel in any event. Binet tests are adapted to childhood ages; but not to the adult minded. Given a good working method then, whenever it is applied scientifically and the investigation adequately covers the whole area presented by mentality, a step forward will have been taken toward the further development and standardization of this advancing psychiatric and sociologic speciality.

The Need for the Early Diagnosis and Treatment of Potential Delinquency in Cases of Mental Disorder and Defect.

BY W. NORWOOD EAST, M.D., London; M.R.C.S. Eng., L.R.C.P., Lond:
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(With the permission of the Prison Commissioners.)

THE study of certain cases of delinquency occurring early in the career of individuals, and also some cases met with in later life, emphasizes the fact that a definite, and perhaps not inconsiderable, amount of crime could be prevented from ever taking place if appropriate treatment was resorted to sufficiently soon.

Unfavourable economic conditions so frequently the forerunners of crime are not here referred to, but cases in which timely advice and medical treatment will prevent, or tend to prevent, the development of delinquency in the insane and mentally defective; and also in those who suffering from slighter degrees of mental disorder, instability, or defect, are recognised as borderline cases, and who find difficulty in adjusting themselves to their environment on account of mental states over which they have no control.

It is true that a large number of such offenders if convicted are appropriately dealt with in prison, others do not suffer any punishment, for enlightened magisterial benches, constantly alert to the connection between physical or mental ill-health and crime, cause medical enquiries to be conducted to determine the possible existence of such connection, and deal with the case accordingly. But this can only be done after an offence has been committed. If such an investigation could be carried out in a potential delinquent before any offence occurred the individual would gain to the extent that the stigma of guilt and arrest, in some a source of inner conflict, might be avoided, and the relatives and the community would gain if a criminal act was prevented.

If medical advice caused only a small amount of crime to remain undeveloped it would be worth while endeavouring to bring this about. For not only might the potential delinquent be checked in his career, but an explanation of the true condition and the result of treatment would bring understanding to the patient's often severely tried relations, who, perplexed at his conduct may consider such as due to enmity or wickedness, with resulting discord, conflict, and aggravation

of the underlying condition. Moreover much injury resulting to the victim of the crime would be obviated; injury not always pecuniary nor manifest at the time, but which may result in serious harm later. The shock of a serious assault, for instance, may have its sequel in certain personalities, and in certain conditions, at some future period.

There can be no doubt that already no small amount of crime is being continually prevented from ever maturing by the action of relations, and sometimes of the individuals themselves in consulting their medical adviser. Many murders, assaults, suicides, attempts at suicide, thefts, sexual offences, arson, and the like, never occur as the potential criminal is certified as insane or mentally defective beforehand, and society protected by his removal to a suitable institution. It is common knowledge that crime occurs frequently in cases of undeveloped insanity and borderline mental deficiency, and that insanity before it becomes clearly defined may have a preliminary phase, lasting maybe for months, during which crime may be committed. There are very many cases where the attack of insanity fails to fully develop, and sound mental health is regained without the patient ever appreciating how nearly serious mental disorder and crime have been avoided. This cannot be satisfactory, and it is the less so because no medical man can be a specialist in every branch of his many-sided art, amongst which problems in mental diseases are not the least difficult, and the slighter degrees of mental disorder and defect may easily pass unrecognized. But if medical men when in doubt could send their patients to a clinic for mental diseases attached to at least one of the public hospitals in each city or town, they would soon be sending cases of potential delinquency there as borderline cases of insanity and mental deficiency; and the workers connected with social and charitable organisations would have a place to which they could refer their more difficult cases for diagnosis and treatment, and obtain material help in dealing with them.

The amount of delinquency or grave crime which is already prevented by existing clinics cannot be measured in concrete terms, but there can be little doubt it is considerable. At the same time success will not always be assured in the case of every wayward child, unstable adolescent, or borderline case of mental disorder or defect with delinquent tendencies, attending such clinics. Some cases will not respond to change of environment, advice, or treatment of any kind. The unstable delinquent adolescent may take years to reach a condition of settled equilibrium, perhaps not until a considerable period has been spent in prison, or in a Borstal Institution.

Many who applied at a clinic would be satisfactorily dealt with as out-patients. The physiological or psychological explanation in a simple manner of the patient's difficulties would suffice in some cases to prevent delinquency, or grave crime. The writer has in mind a case of murder, committed by a youthful adolescent, with which he was connected and in which there was good reason to believe that no tragedy, resulting from insanity would have followed, had an opportunity been afforded in time for treating the offender by simple therapeutic means and psychological methods. More elaborate treatment in other cases would be necessary, but my concern here is to call attention to the fact that sufficient opportunities for early diagnosis and treatment do not at present exist, because in most districts clinics for the treatment of mental disease and mental defect are not attached to their hospitals. Some limitation to the utility of the mental department, or mental clinic, of the hospital would result from the inability to observe doubtful borderline cases, in whom prolonged observation is

not infrequently essential. If a hospital ward could be attached to the clinic and in-patients be admitted this difficulty would be overcome, but the already insufficient accommodation for ordinary cases in hospitals holds out little prospect of this being found practicable for some time. Small homes, opened and maintained either by private individuals, or public bodies, should not be found a too expensive experiment for observing those borderline cases who were willing to accept voluntarily their hospitality, and in whom potential delinquency was anticipated. The work would necessarily occupy much of the time of the mental expert attached to the home, an unavoidable drawback, but his labours would be considerably lightened by the help of an intelligent person in charge of the home, if experienced in this class of case. Such clinics or homes the writer believes should not be used for the examination of the mental condition of persons who have already committed an offence, and are to re-appear at Court. Were this done sooner or later it must be reasonably feared they would fall into disrepute. As I have attempted to shew elsewhere,* for these cases the remand prison hospital affords an efficient place for observation and examination, and in certain cases of initial delinquency a special remand home may be considered advisable for this purpose.

I have already mentioned a case of murder which I believe could have been prevented, and I now append a few brief abstracts from my notes on some of the younger cases referred to me from the Courts for diagnosis in whom I believe delinquency would have been avoided had such opportunities, as are here advocated, been available for this purpose.

Case 153. Female, single, aged 23. Indecency. On arrest she appeared to the police to be confused and was remanded for evidence as to her mental condition. The family history contained nothing of importance except that her father died when she was a child, and her mother when she was about 17. Her attendance at school was bad on account of ill-health, and she had been treated in recent years for pulmonary tuberculosis, but had never been in an asylum or other institution previous to coming to prison. At the death of her mother she lived for a time with a near relation, who eventually made matters sufficiently uncomfortable to cause accused to leave. She went to a city and being without resources walked the streets, but very soon met a widower and went to live with him as his wife and looked after his family of five children, the youngest of whom was 6 years old. She was however never allowed to do any of the purchasing either of household articles, food, or clothing for the children, and was given 5s. per week for herself. She never bore any children. The police of the district had nothing against her during her stay of some years in that city, but her neighbours noticed she was eccentric, reticent, and unsociable. Shortly before arrest she left this home on account of some disagreement and came to this city. Her few savings being spent she again went on the streets, and was soon arrested. On admission she was ill-developed, thin, physically weak and anaemic, and shewed evidence of old lung disease. She was also definitely mentally deficient, simple, childish, and easily confused, unable to carry out any but simple instructions, her memory, attention, preception, judgment and reasoning were impaired. She was ignorant on matters of ordinary interest and common knowledge, she lacked initiative and purpose in life, her moral perception was indifferent but she was not really vicious and she was an abstainer. Her response to intelligence

*Some Cases of Mental Disorder and Defect seen in the Criminal Courts. *Journal of Mental Science*, October, 1920.

tests was very bad but this was in some measure due probably to her physical health, and the consequent ease with which she became fatigued. In spite of her mental defect being coupled with physical impairment, had she attended a clinic steps could have been taken to have dealt with her and so prevent the delinquency, and it seems likely that she might have been induced to attend, for she went willingly to the poor law institution for treatment on being discharged on my evidence at Court. She had been previously considered abnormal by her neighbours and might have been persuaded to seek treatment by them, for it is fair to assume that if the existence of mental clinics became known cases at present allowed to drift would be advised to attend by those in contact with them.

An added danger to the community was present in the following case owing to the patient suffering from disease in a highly contagious form.

Case 122. Female. Single, aged 22. Charged with stealing and remanded for evidence as to her mental condition. She was apparently an illegitimate child, with a worthless idle mother. No definite family history of insanity, epilepsy, or intemperance was obtained. The accused had never before been in any institution, she had fits at rare intervals in childhood but none since she was 14 years old. She did not begin to walk until she was two, and was noticed to be dull and slow from her early school days, and attended a special school. A doctor who examined her about this time noted that she was dull, slow and apathetic, self-centred and slovenly. After leaving school she worked at laundries and step-cleaning. She had been working occasionally for some time at the latter, and had whilst so employed gone into the houses and when opportunity offered stolen money which she spent on sweets and cakes, and several charges of theft were outstanding. On admission her height was 62 inches, her weight 114 lbs. and her head circumference 20 inches. She was suffering from active contagious disease. She had a deformed palate and defective teeth, her expression was vacant. She was mentally defective and graded below a 9 year old child with intelligence tests. She was grossly ignorant on matters of ordinary interest and common knowledge, was easily confused, with impaired memory, attention, perception, ideation, and volition; she lacked initiative, was apathetic, had no clear insight into her position and was some days before she realised she was in a prison and not a general hospital; she had no idea how long she was with us, nor when she should re-appear at Court. Her mental reaction was very slow and her emotional tone impaired, she had no remorse for her conduct, was quite unable to compete with her fellows, and her domestic accomplishments were almost nil. She could however do simple knitting. When about 16 years old her progress had been considered fairly satisfactory, but her entirely faulty home arrested further improvement. Had this girl, always recognised as more or less wanting, attended from time to time a clinic, there would have been every probability of her being sent to a defective institution before delinquency was committed, instead of after; this was done on her re-appearance at Court.

In the following case, sub-normal mentally and constitutionally inferior, the advice that might have been received at a clinic should have caused the parents to be apprehensive of delinquency, and to take what precautions they could to guard against it; and even now when a criminal offence has been committed, occasional attendance at a clinic would give an opportunity for skilled observation as to the patient's progress, and should he later become certifiably defective steps could be taken to deal with him, and any further possible offence be prevented.

Case 95. Male. Age 19. Charged with indecent assault on a small girl, and remanded for examination as to his mental condition. His parents, both of whom I saw, were thoroughly respectable, but of nervous temperament; there was no known insanity, epilepsy or intemperance in the family. Accused, the eldest child, born at 7 months, did not begin to walk or talk till he was about 3 years old, he had always suffered from night terrors and ill-health, and as a result of the latter was an irregular attendant at school, leaving eventually in a low standard. He had several different occupations, but remained for 12 months in one, and for 7 months in another. He was recognised at home as being weak mentally, and his father described him as lacking in courage and unable to defend himself against children many years his junior. On admission he looked much younger than his real age, his expression was childish, his general physical development bad, his height was $60\frac{1}{2}$ inches, his weight 80lbs. and the head circumference 21 inches. He presented stigmata of degeneration, the ears and eyes were markedly asymmetrical; his chest was ricketty. He graded as 12 years with intelligence tests; but his general information was poor, and he was unable to appreciate the difference between stealing food if hungry, with, or without, money in one's pocket. He lacked initiative, prudence and foresight, and could make no friends or companions of his own age. His home environment was good but should it alter in the future it was clear the patient would not be able to stand alone, would soon deteriorate, and require institutional care.

In the next case attendance at a clinic would have shewn it to be one of conflict and delayed development, and the fitting remedy could have been advised and delinquency prevented, as there is reason to believe has now been done, but not till after offences have resulted.

Case 31. Male. Age 17. Charged with stealing a pony and cart and remanded for evidence as to his mental condition. His mother stated in Court that he had weak moments when he did such things. The family history was unimportant, he had a good home, had sufficient food and was treated kindly by his parents. He left school in the IV. Standard, but his mother stated he never cared for school, that he had a clever head but did not put it to proper use, and had always been a nervous child; he gave no trouble at home and was somewhat hasty tempered. He was probably an excessive tea-drinker, and smoked as many cigarettes a day as he could get. He made friends and companions in a normal manner, but had a few bad companions who stole and talked much of their sex experiences, but these latter do not seem to have interested the lad overmuch. He stole a bicycle from the owner, for whom he worked, and after riding it some distance sold it. His next offence was to steal a pony and cart from a late employer, drive it some distance into the country, returning with it and handing it back the same night. His present offence is similar, he stole a pony and cart from another employer with whom he had worked, took some provender and drove with it into the country; he returned the same evening leaving the pony and cart standing outside its stable. A simple analysis shewed this city lad had an intense desire for the country and was passionately fond of animals, and particularly horses; his ambition in life was to become a jockey, or live on a farm. He knew he was wrong in stealing the pony and cart, but was willing to suffer punishment for the temporary pleasure he gained, and described the delight he experienced at one occupation he had when he went with a pony and cart delivering goods for his employer. On examination his height was $54\frac{1}{2}$ inches and his weight 66 lbs., there was no growth of hair on the face or body, he had gained no weight in 12

months, he was mentally alert and well informed, and with intelligence tests graded above 12 years. Punishment offered no prospect of preventing his wish to get into the country and spend his time with animals, the real reason for his later delinquencies, and probably also his first offence. He was consequently, on his re-appearance at Court, and after my evidence was given, put on probation and sent into the country where for some months he has been happy and doing well.

A more serious charge than that of loitering might have resulted in the following case, and as his parents were afraid of him and recognised him as being mentally defective they would almost certainly have taken him to a mental clinic for diagnosis, and certification as a defective should have followed,

Case 58. Male. Single. Aged 24. A grandmother and uncle both on the mother's side were insane. He was the third child of a family of seven, and when 13 was sent to a reformatory for repeatedly sleeping out. On leaving at 16 years of age he went to sea for a short time, and then served in the Navy as cook's mate, later he was in the Army for about 12 months during the war, but did not serve out of the country. On leaving the Army, where he was twice convicted for striking his superior officer, he became for a few months a bricklayer's labourer, but had done no work for some time prior to arrest. His mother stated he had always been simple and childish and never like other children, but she could trace no reason ante-, or post-natal for this, He began to talk at 18 months and walk at 2 years, he could never learn to read and his mother added his brain could never grasp anything, that he was a good worker under supervision, but was helpless otherwise. He had been violent and threatening at home, and on account of his physique they were all afraid of him; he had threatened to cut his sister's throat, had stolen her clothes and sold them and left home on the proceeds. On admission he was found to be powerful and of large build, he was in good general health, he graded below 9 years with intelligence tests, but was probably not really trying his best. There was however no doubt that he was mentally defective, incapable of competing with his fellows, and was dangerous to others and impulsive, indolent, and untruthful. He was sent to an institution for defectives from Court on my evidence.

In the last case a career of prostitution and crime has been avoided by certification, and detention as a mental defective, but again not before delinquency and consequent arrest.

Case 63. Female. Single. Aged 17. Charged with lodging out. Father died of consumption, four brothers and sisters died in infancy. When 12 years old she was sent to an industrial school for constantly wandering from home. On growing up she was considered untrainable and unteachable, she was found several situations in factories but was dismissed from each in a few days as unsuitable and too slow. She frequently left home for weeks, would sleep out, was quite unmanageable, lazy, violent and abusive. Her mother took her for advice to a lady interested in welfare work, and would have undoubtedly taken her to a clinic on her own initiative, or on the advice of this lady had one been available. Shortly after she was arrested, and remanded for medical examination. She was a strong well built girl, a confirmed nail-biter, with sullen demeanour; her mental age was 9 years, and she clearly was interested in the tests and did her best at them. She was ignorant, generally lacked initiative and capacity for sustained effort, had poverty of ideas, shewed no remorse for her conduct, and was markedly anti-social. She was slovenly, untidy and incapable of appreciating kindness,

she would not keep herself clean and her habits were dirty. There was some reason to consider she had been immoral.

The cases recorded above were chosen on account of their youth, as being simple in character, and of a common type. All were recognised as being abnormal before any offence was committed. More complicated and interesting examples might have been selected, but with the possible risk of diverting the reader's attention from my main theme.

I am aware that it has been considered by some writers that a clinic for the maladjusted would be more suitably located apart from a hospital, but my own belief is that in this country the type of case here referred to would attend a hospital clinic more readily, and the work would there be conducted under the supervision of a recognised specialist in mental disease. The desirability of such clinics for the treatment of mental disorder and defect is of course nothing new, but the advantage which would result in preventing delinquency by this means does not appear to be so generally appreciated.

News and Notes.

Board of Control.

On the recommendation of the Minister of Health, the King has been pleased to appoint Mrs. Ellen Frances Pinsent to be a Commissioner of the Board of Control to fill the vacancy caused by the retirement of Miss Mary Dendy.

On the recommendation of the Minister of Health, the King has been pleased to appoint Mr. Charles Leolin Forestier-Walker, M.P., to be a Commissioner (unpaid) of the Board of Control in the place of the Right Honourable Sir Willoughby Hyett Dickinson, K.B.E.

Short Courses for Teachers.

The Central Association for the Care of the Mentally Defective is, at the request of the Board of Education, holding two Short Courses for Teachers of the Mentally Defective during 1921. The first one is now being held at Nottingham, and the second one, for which there are very few vacancies left, will be held at Leeds from July 6th to July 27th.

The Course at Nottingham is being attended by forty-three Teachers, thirty-seven of whom are resident at Hollygirt House and School where the lectures are being held.

Lectures are being given by Dr. G. A. Auden, Chief School Medical Officer, Birmingham, Miss E. L. S. Ross, M.A., B.Ed., holder of Carnegie Research Studentship in Psychology, Miss I. Goldsack, Ellis Llwyd Lecturer to the Deaf, Manchester University, Miss Marsden, Inspector of Schools, Nottingham Education Committee, and Miss Evelyn Fox.

Miss G. Harrison, Lecturer, Reading University, is giving classes in Physical Exercises, Singing, Games, etc.

Classes in handwork (varied occupations, wood and metal work, cobbling, basketwork, and chair caning) are also being held.

In addition Dr. Wyehe, School Medical Officer, Nottingham, is giving Demonstrations.

By kind permission of the Authorities concerned, students are visiting the Nottingham Special Schools for the Mentally Defective, the Blind and the Deaf, Dull and Backward Classes, and Infant Schools; the Royal Midland Institution

for the Blind, the Sheffield Special Schools, Hopwell Hall Residential School, Whittington Hall, Chesterfield, and Newbold House, Chesterfield.

At both these Courses the fee charged for the Course is £1 1s. for resident students, £2 2s. for non-resident. The fee for residence for the whole course of three weeks is from £6 6s. to £7 7s.

The Board of Education make grants of £1 a week and a 3rd class railway fare to selected students.

London Association for the Care of the Mentally Defective.

Placing and After-Care of Children who have attended the London County Council Schools for the Mentally Defective.

For this work a grant has lately been given to the London Association by the London County Council—with the approval of the Board of Education—under the Education (Choice of Employment) Act, 1910, as amended by the Education Act, 1918.

This work has hitherto been performed to a limited extent, by voluntary effort, in co-operation of late years with the staff of the London Association. The object of the new grant is to enable the Association and its voluntary visitors to carry out the work in its entirety.

The new grant given by the London County Council under the Education (Choice of Employment) Act affects the After-Care of children leaving Special Schools both for the Mentally Defective and the Physically Defective.

Some details of the approved Scheme as it touches the *Mentally Defective* may perhaps be of interest here.

Method of co-operation with the Schools.

School leaving forms will be used and School Conferences will for the future be held in the Special Schools as in the Elementary School.

(d) *School leaving forms.*

School leaving forms (specially adapted) will be filled in at the beginning of every term by the Head Teacher or Superintendent in respect of each child leaving school at the end of the term, and will be forwarded to the Secretary of the London Association (which acts as the After-Care Association).

(b) *School Conferences.*

Conferences will be held at each school, or group of schools as required, the date and time will be arranged (after consulting with all concerned) by the local Secretaries of the London Association who will summon the Meetings.

The Conferences will consist of the After-Care representative, the Head Teacher or Superintendent, the local Secretary of the London Association and if required, or if they so desire, a member or members of the Care Committee.

The objects of the Conferences—as in Elementary Schools—are:—

1. To examine the School leaving forms.
2. To interview, together with the parents, all children in respect of whom School leaving forms have been forwarded.
3. To consider the School career, possible future occupation and continued education and supervision of each child.
4. To advise as to an Evening Institute where possible or desirable.

NOTE.—With regard to the attendance of Mentally Defective children at Evening Institutes, there may be a number of such children who by reason of their defect may not be able to attend. Each case, therefore, will be considered on its merits at the Conference.

The London Association will take all necessary action arising out of the Conferences.

Placing.

The "placing" of the children will be carried out by the London Association. For this purpose the Association will:—

1.—Collect information and compile an index of reliable employers likely or willing to employ defectives, and to treat them with consideration.

(It is probable that some incidental help as to this might be afforded by consultation with the Juvenile Advisory Committees.)

2.—Interview and canvass employers and search out fresh avenues of work.

3.—Endeavour to secure the co-operation of employers in order that—

(a) they may allow the Association's knowledge of the case, and any need for special care, to be communicated to the foreman or forewoman under whom the child is working.

(b) they shall inform the Association when the child is unsatisfactory, or for any reason likely to leave their employ.

(c) where feasible, they shall occasionally allow the child to be seen at work.

(This procedure would not, however, apply in the case of a child satisfactorily placed by the parents in suitable employment although such child would remain under the supervision of the Association).

4.—Secure in each area, if possible, the use of a room where the Association's workers may be seen at stated times, and can be consulted either by the parents, or by voluntary visitors who are co-operating for the welfare of the children.

5.—Obtain the help, where possible, of a small Committee of trade experts who would interest themselves in, and advise as to the placing of the children.

Supervision.

After the "placing" of children in employment, the London Association will in consideration of this grant, supervise them for a period of two years after leaving School. For this purpose, periodical visits will be made, either to their homes or to their places of employment, and the Association will also keep in close touch, as far as possible, with the employers. If for any reason, employment is found to be unsuitable, or the child loses its employment, steps will be taken to obtain further employment. Both employer and employee, as well as the parents of the children, will have the benefit of the experience and advice of the Association.

Organisation.

The London Association is providing a Central Office, with a Secretary and Assistant Secretary, and four local offices, each with a District Secretary and staff of four workers. The Central Office exercises a general supervision, keeps records and statistics, etc. The District Secretaries will arrange for School Conferences, "place" the children, supervise them after "placing," etc.

In addition, the School Managers will nominate an After-Care representative for each School. These representatives will be voluntary workers and will act in close co-operation with the Association.

Records and Statistics.

The Association will keep full and careful records of every child passing through its hands. The records will show the result of "placing," the time the children keep their situations, their progress in them, wages earned, changes in situations, etc., in fact, all available information will be recorded and kept for each case.

The approved organisation is in all essentials, that by means of which the work of the London Association has been carried out since July, 1918; at which date, all types of cases came under one Committee. It is now possible to enlarge it and to establish local offices so that the work may be decentralised. The plan of working is strictly geographical in order to economise effort and to avoid overlapping.

The extending of the London Association's organisation having been actually begun in January, 1921, it is hoped that it will shortly be in full working order, and that we shall be able to estimate the position with regard to remunerative work for the Mentally Defective in London more accurately than has been possible hitherto.

The amount of grant for the financial year 1921-1922 is estimated at something over £3500.

E. A. DARNELL, Secretary.

Devon Local Voluntary Association.

A working arrangement has lately been entered into between the Devon Voluntary Association and the Local Education Authority with regard to feeble-minded children considered suitable for a Residential School. The Local Education Authority are sending round a circular letter to the parents in such cases, informing them that their child is not benefiting by the education in the ordinary Elementary School, and suggesting sending him to a Residential School. In future the Voluntary Association are asked to look up all cases in which the offer is either refused or the letter unanswered, in order to discover whether there is any misapprehension on the part of the parents as to what the offer means.

Although owing to the scanty population in the County, the Education Committee are not able to provide Special Day Schools, two classes have been started for "backward" children. The number of "backward" children who have been able to be returned to the ordinary standard has already proved the value of these classes; one more of which it is hoped will be opened shortly.

Central Lancashire Association.

Miss Luce, of the C.A.M.D., visited Blackburn, Preston and Blackpool at the end of February, and gave in each borough a lecture on the Home Training of Young Defective Children. The lectures, which were thrown open to the public, were keenly appreciated, and gave rise to considerable discussion. As a direct result of the Blackburn lecture, two defectives were notified to the Association by their relatives the same week, and the mother of a third defective, who had hitherto refused to let her boy go to an Institution, agreed to his going, as she had not understood before how much could be done for him.

Association of Secretaries to Voluntary Associations.

An Association of Secretaries to Voluntary Associations has been formed to meet a view expressed from time to time as to the assistance which such an organisation would be to workers for defectives.

A provisional constitution, drafted by a provisional Executive Committee, was passed at a meeting of Secretaries at 79, Coleman Street, E.C.2, on February 5th last. In view of the difficulties of attendance of provincial secretaries at a London meeting their views on different points at issue were obtained by post in advance.

A provisional Executive Committee of eight persons is acting with Miss Blake as Chairman and Miss Nevile Hon. Secretary and Treasurer.

The objects of the Association are to further the interests and increase the efficiency of salaried and other workers for the mentally defective, to provide facilities for interchange of ideas and experience of the practical worker and to co-operate with the Central Association and other agencies in influencing public opinion and in promoting the well-being of the mentally defective and sub-normal and unstable persons.

Organising Secretaries and assistant organisers to voluntary Associations are eligible for membership and also such other workers in mental deficiency as shall be approved by a two-thirds majority of the Executive Committee.

Annual subscription is 5s. Enquiries and application for membership should be addressed to the Hon. Secretary, Miss C. A. Nevile, 79, Coleman Street, E.C.2.

Baldovan Institution, near Dundee.

This Institution, which was founded 66 years ago, has now been taken over by District Boards of Control of Forfar and Kincardine, Dundee, Aberdeen County and City, Perthshire and Fife and Kinross. Till now, this Institution, which since 1913 has been a Certified Institution under the Mental Deficiency Act (Scotland), has been under the management of a private Board of Directors.

National Council of Social Service.

The above Council has for the past few months issued a Monthly Bulletin (price 3d.), which should prove most useful to Social Workers and others. This Bulletin draws attention to the various developments in the work of local branches affiliated to the N.C.S.S. and to any new legislation and administrative changes. Short Reviews are given of Government Reports and publications and books likely to be useful to social workers. Copies can be obtained from the Offices of the N.C.S.S., Stapley House, 33, Bloomsbury Square, W.C.

New Certified Institution.

The London County Council has decided subject to the approval of the Ministry of Health, to utilise the Manor Mental Hospital, Epsom, which hitherto has accommodated insane patients, as a certified institution for the mentally defective.

Accommodation will be provided for about 1,000 cases of all grades and both sexes, and provision will be made for the training and industrial employment of the inmates.

The Council has advertised recently for candidates for the position of Medical Superintendent of the new institution.

Book Reviews.

FEEBLEMINDEDNESS IN CHILDREN OF SCHOOL AGE. By C. Paget Lapage, M.D., M.R.C.P. 2nd edition. Manchester. Pp. xv 309 with xiv plates, 1920. 10/6 net.

This book is published by the Manchester University Press, as No. XII in their "Medical Series." It is not easy to deal with it, inasmuch as it is not clear for what class of readers it is intended. The author, in his preface to the first edition, stated that the book was suitable for school medical officers, teachers, and social workers. It seems to us that the book is too superficial for the former category, and too elaborate for the two latter.

The first edition was published in 1910, and the author very truly remarks in his preface to the present edition that very great advances have been made during the past ten years. Yet the bibliography contains references to but one book and six articles published since 1914. There is no reference to Terman's book "The Measurement of Intelligence"; and no mention of his revision of the Binet tests, although this scale is now being very widely used. Nor is there any notice of W. Healy's monumental work "The Individual Delinquent."

The estimates of the number of mental defectives given before the Royal Commission are repeated here, although they were made at a time when no definite standard had been set up. The estimate that from 10 to 20 per cent. of prisoners are mentally defective would not be made to-day in the face of the present legal definition of that class.

One main defect in the book is the treatment of the vexed subject of moral defect. The author states, on page 81, that moral defect is generally associated with some slight limitation of intellect, and that moral defectives of the feeble-minded class are often mentally very little below the average child. This surely implies the existence of a "moral sense" as apart from the intellect. The admission of such a position, and its corollary the certification and segregation of defectives

on conduct alone, would have very far-reaching results, and would end in measures which would be greatly in advance of present public opinion.

The oft-made statement that mental defectives are abnormally prolific is again repeated. There has never been any satisfactory statistical proof given for this statement. And it is inconsistent with the position that defectives are lacking in vitality, and tend to die early.

If a chapter on "stigmata" is to be given, the Wildermuth ear, in which the antihelix is more prominent than the helix, should be mentioned. It is of far more import than many of the described deformities.

On page 140 the author states that the mental degeneration in epilepsy depends on the frequency and severity of the fits. The first of these conditions is of vastly more importance than the second.

The author well emphasises the absolute necessity for life-long care and control of defectives. And he points out that scholastic education is the least important part of their treatment.

An appendix contains a description of the daily routine, diet, etc., in vogue at the Sandlebridge Colony. It is written by Miss Mary Dendy, and will be useful to those who are concerned with the administration of similar institutions.

M. HAMBLIN SMITH, M.D.

THE PSYCHOLOGY OF PHANTASY. By Dr. Constance Long. Ballière, Tindall and Cox. 10/6.

Dr. Constance Long's book "The Psychology of Phantasy" consists of a most interesting series of papers on Psycho-Analysis, or as she prefers to call it Analytical Psychology, dealing with both from the medical and the teaching point of view. The authoress, in the preface, disarms criticism as regards the title, repetition and want of cohesion of the whole. She says moreover that it is open to readers to skip passages. This advice must be followed with care or strange theories may appear, such as:—

“A child with only one or two parents is a mistake.”

The context shows that this refers to school-teachers and others who act as “parent-deputies.”

A debatable point which is touched upon is the question as to whether the unconscious is educable or not. Dr. Long dissents from this view. The argument however is not very clear, and it would be important and valuable if it could be elaborated in some future contribution by one so well qualified to judge from her own work and her knowledge of the literature of the subject; she says:—

“The unconscious has the appearance of being educable because it reflects the progress, or the reverse, in the conscious. Analysis by revealing the meaning of symbols in dreams provides a view which is compensatory to the conscious. This is enlightening, and when assimilated brings about a change in consciousness, which leads to an improved situation. This improvement is in turn reflected in subsequent dreams which represent the new psychological state. The real work is done in consciousness,”

True—but does not this modification of the unconscious action in dreams mean something like education? An alteration of action due ultimately to conscious thought is suspiciously like an educated result, but a definition of what is meant by education is needed. For example, John Stuart Mill included under it everything which “helps to shape the human being.” Does this not tend to shape the unconscious of a human being?

Dr. Long’s criticism of the action of a headmaster who broke windows to stop an epidemic of window breaking in the school, will appeal to everyone’s commonsense. As also does the wisdom of the following:—

“In consideration that life is one whole, and that childhood is but a preparation for maturity, I would submit that we should allow children to handle fear. What is bad for them is that *fear should handle them.*”

The papers dealing with children have much that is illuminating and fascinating in them.

To the remark:—

“It does not do to be a Saint and Martyr, in the conscious and a were-wolf in the unconscious.”

It might well be countered, that it is better than to be a were-wolf in both!

The views held by Dr. Long on certain sex offences will not be universally endorsed.

The book altogether is clear, readable and interesting.

HELEN BOYLE, M.D.

PROBLEMS OF SUBNORMALITY. By J. E. Wallace Wallin. Director of the Psycho-Educational Clinic, Board of Education, St. Louis. World Book Company.

In this work, the author has proved himself an accurate and careful investigator, making use of the opportunities for research that his position in St. Louis affords him, as well as his experience in all sections of school-work with the normal and subnormal child. The volume is large and comprehensive, and the statistics are numerous but we cannot afford to neglect the careful study of any part of it, or the recommendations he gives to meet each problem.

The outstanding problem discussed, is the “Diagnosis of the Subnormal Child.” “On the accuracy of this diagnosis depends the fundamental success of the Special Schools,” and “the obsolete system of amateur examination must be abolished” says the writer. It is due to each candidate for examination that the Trained Psychologist and the Trained Physician be the examiners, (1) deciding the decree and character of the deficiency of the child; (2) where he must be placed and (3) giving suggestions for his training. Dr. Wallin is very decided in his discussion of the place of Tests of Intelligence in the certification: “they are standardized tools by which the Psychologist may skilfully aid his work, and on no occasion to be used by an untrained examiner.”

It is ‘Dr. Tredgold’ who says the “social life of the child is the criterion” in certifica-

tion, and Dr. Wallin himself requires that the teacher presenting the pupil have skill enough to fill in the necessary form with scientific accuracy in order to give assistance to the Medical Officer.

Having determined the "degree of defect" the next problem is that of Instruction, whether in "backward class or Special School. This is *not* met by increased amounts of drill, individual attention, and assistance, but such *differentiated* types of work as will meet the peculiar requirements and capabilities of the different pupils," and to complete the solution of this problem the author says, "Special-Class Teachers require special training not merely in differentiation or remedial pedagogy of the subnormal, but also in educational psychology, and the psychology of the subnormal, and where this is required the problem of shortage of teachers arises in some localities."

Very pathetic reading is the chapter on Epilepsy. The epileptic requires appropriate hygienic and medical treatment not merely for defects, and Dr. Wallin recommends a school or colony on the Cottage Plan for the various grades of such children.

The great problem of After-Care is a social one, and Dr. Wallin acknowledges it, as such, stating that, "all students of social problems will, at least concede that Mental Deficiency is one of the fundamental causes of our numerous social ills" and last but by no means least, is the 'Prevention,' by the Hygiene of Eugenics and Euthenics. A. H. MARTIN.

Recent Publications.

Books.

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CARE OF CHILDREN. 4th Edition. By R. J. Blackman, C.B., D.S.O., M.D. London Scientific Press. 4/6.

PREVENTION OF VENEREAL DISEASES (Report of the Special Committee of the Birth-rate Commission). Williams & Norgate. 25/-.

MENTAL DEFICIENCY IN RELATION TO LEGAL JURISDICTION. Dr. W. G. Cook. Routledge.

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MATERNITY AND CHILD WELFARE CENTRES AND DAY NURSERIES IN ENGLAND AND WALES, 2/- net.

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Tavistock Clinic for Functional Nervous Cases.

A Course of 10 lectures on Elementary Psychotherapy will be given at the above clinic by Dr. Crichton Miller on Fridays at 5-15 p.m., beginning May 6th.

FEES:

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Medical students and others ..	1	1	0

Tickets may be obtained from the Hon. Secretary, 51, Tavistock Square, W.C.1.

Reformatory and Refuge Union.

A Conference will be held in London at the Guildhall from June 7th to June 10th.

Among other subjects for discussion are 'The Mentally Defective in our Institutions.'

A programme of the Conference can be ob-

tained from Mr. A. J. S. Maddison, 117, Victoria Street, S.W.1.

National Association for the Prevention of Infant Mortality and National Baby Week Council.

An English speaking Conference on Infant Welfare will be held at the Kingsway Hall, W.C.1., on Tuesday July 5th, Wednesday July 6th, and Thursday July 7th, under the patronage of the Right Hon. Christopher Addison, M.P., M.D., Minister of Health. The Rt. Hon. Viscount Astor will preside.

The programme includes discussions on various subjects affecting the health and welfare of infants, a Mothercraft Exhibition and Lectures on Infant Care.

Further particulars can be obtained from Miss Halford, Secretary, National Association for the Prevention of Infant Mortality, 4 & 5, Tavistock Square, W.C.1.

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XII 29 Glimpses of Canada and the United States.

BY A. HELEN BOYLE, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.

THOSE who are interested in the treatment of Nervous and Mental Disease and who want to know some of the best work that is being done on these lines should, certainly nowadays, visit America. Thus judging the situation I went. I did some lecturing in Canada and came back through the States. This is a good order in which to take the countries, —our own bit of the Empire first—where a very real tie of kinship exists and where you drop as far as possible any insular feelings and prejudices you may have, and, even more, your preconceived ideas of this new world—and then the States with the greatness of territory, of attempt and accomplishment. (Canada is actually larger in area, but not in inhabited land nor in population).

One thing which struck me very much was the extraordinary variety of languages and in particular the heterogeneous nature of the human material which goes to make up these two countries, with their peculiar problems for the alienist. This material is very difficult to handle, to understand, to govern, but with what immense possibilities! Surely there is not one fine human quality or capacity which should be absent in Canada or the United States!

The honesty, reliability and steadiness of John Bull; the vivacity, gaiety and thrift of the French; the plodding, patient thoroughness of the Germans; the stoicism and emotional music of the Russian; the mechanical genius and capacity for enjoyment of the Italian; the enthusiasm and generosity of the Irish; the sobriety, hardworking power and love of family of the Jews; the industry, loyalty and truthfulness of the Chinese, and many more too—all these can be found in the American citizen. He need not be hampered by the absence of capacity

for anything which the human race can anywhere master and create. He has, innate in him, the qualities of all the races who have contributed to people the land. Somewhere in that great country it should always be possible to find the man who can supply any quality or combination of qualities that may be needed, any mental, moral or physical make-up necessary to cope with a crisis or trouble, and to overcome it. Never before in the history of the world has a race arisen in like manner.

Another striking feature is what appears to be the amazing readiness with which, when once a need is made clear, there arises a determination on the part of one or many to meet it and, at all costs, to meet it well and completely. Over and over again I heard of needs made plain by a few keen-sighted people, often through the National Committee for Mental Hygiene, and then quickly followed by the remedy, or better still by prevention.

A third great beauty in America is the friendly way in which all the great men and women in charge of institutions and societies try to make your visit helpful, happy and instructive, and their interest in, and desire to hear about, anything in this country. They show you everything, spare you time, feed you, teach you and, even sometimes, ask questions and listen to you!

To turn to the more medical aspect of things. Where so much is fine, thoughtful and scientific it would be impossible to single out any one person or institution as being pre-eminent. There is much outstanding work calling for hearty admiration and emulation. Perhaps the Scotsman, who knew the conditions on both sides of the Atlantic, summed the position up most truly when he said:—"Our average is a better one, but some of their highlights are brighter than ours."

These highlights are distributed in various directions, and I will mention those which most caught my eye, alluding to them as a help to those who may be going over, and devoting most time to the National Committee for Mental Hygiene which, of all of them, is the one which I should most like to see established in this country, and which would lead not to advance on one line of mental and nervous work only, but would have a fostering influence on them all. Another reason for this course is that these splendid institutions would each require an article to itself to do them justice.

These highlights are eight in number, and constitute the most striking demonstration I saw of the best methods which America is using to cope with the difficulties of these different types of work. They fall under the following headings:

1. Mental Defectives, their care and treatment.
2. Nervous and Borderland patients, their care and treatment.
3. The Insane, their care and treatment.
4. Criminals and Delinquents, the relation between criminality and the psychoses and neuroses.
5. Mentally and Nervously disabled soldiers, their care and treatment.
6. Psychiatry in relation to Education.
7. Psychiatry in relation to Social Service.
8. Last but not least, the fine organisation called the National Committee for Mental Hygiene.

It is obvious that in the brief time of eleven weeks, which passed like a flash in the stimulating atmosphere of Canada and the States, it was hopeless to attempt to see everything and everybody of value. Want of time, not disinclination or lack of appreciation of their worth, must be the excuse for the omissions of which there were many and grievous.

With regard to Mental Defect, the splendid Massachusetts School for the Feeble-Minded at Waverley, Waltham, was a joy to go over, and the most interesting time there was that spent with Dr. Fernald, hearing him talk and seeing him interview out-patients. He has himself recently contributed to this paper a scientific article on Mental Defect. The School began about 1840 with a blind school which showed many feeble-minded, and so these were provided for, and defectives who could see were also admitted. Now it has grown and can hold 1700, the inmates paying what they can each afford. This school seems to leave no side of a mental defective's possibilities untouched. It provides for the culture of any little bud of capacity that any one of them may show. Not least, their natures are encouraged to expand by understanding and sympathy so that every moral power may be utilised and the human creature developed mentally, morally and physically. The school for the training of the special senses, with its sounds and its smells and its shapes and materials all at different tables so that the children made a procession round them, was a fascinating place. Many go out and earn, and do not even sleep in, but in some cases are visited by a social worker, or report at intervals to the colony as advised. This boarding out is valuable.

There is also the Templeton Colony Farm of 3,000 acres and about 300 boys on it. It is not however self-supporting for much training has to take place there. There is a farm near at hand to which some of the girls go. Thus many of the "less gifted," as they are rather beautifully called, really contribute an appreciable quota to the working world.

The Nervous and Borderland Patients, which I feel strongly are the main pivot in the handling of Mental and Nervous Disease, are especially considered in two places. One is the Phipps Clinic under Professor Adolf Meyer working in close connection with the Johns Hopkins University and the General Hospital at Baltimore, and the other is the Boston Psychopathic Hospital under Professor Macfie Campbell. If these two are seen it will be admitted that the best Hospitals in this line in America have been visited.

The Phipps Clinic owes its existence to the generosity of Mr. Phipps. It is a delightful building with open air loggias high up, and the necessary guarding of the sides camouflaged by attractive iron work and flowers. There are grounds in which the patients can walk and sit, these grounds being open to and used by people belonging to the General Hospital, but there is no gardening possible for the patients.

In the space at my disposal no detailed description is possible, but the finest things about the institution are first, the understanding sympathetic tone of the whole of the medical staff with its very personal relation to each patient, and second, the corresponding trust and reliance of the patients. No one can see the gentle patience of the Medical Director and the keenness of his observation without realising how much this tone owes its existence to him. A third striking feature is the ease with which this department works with the rest of the Hospital; this enables the clinic to obtain a first-rate consulting opinion in any speciality and the Hospital to refer nervous cases to the Phipps Clinic. This is the ideal for this work, that it should be correlated with work in other diseases in a big Hospital with a School at hand for the teaching of students, and that it should share in the advantages of the most recent work in all departments.

If it is permissible to criticise at all where there is so much that is admirable, it is to be regretted that there are locked outer doors to the wards, and that cases, in which compulsory detention has to be resorted to, are admitted. This, to my

mind, must hamper, to some extent, the success of the Clinic as a place for early recoverable nervous and borderland patients. Already patients are refusing to go there in the early stages, citing the locked doors and the fact that some very acute cases of mental disease are treated there as making it unsuitable. As long as doors are locked and acute cases are admitted in which interference with liberty is necessary, so long will the bulk of early nervous and borderland patients refuse to go to these Hospitals. It is not clear why such mental cases should not be drafted at once to a Mental Hospital with careful grading of patients.

It is true that these patients are convenient for demonstration purposes for students, but these students should in any case visit the Mental Hospital, and the fact that some early preventable cases will stay away is a great deprivation, because these early cases are those with which the students will be chiefly called upon to deal in their practices later.

The out-patient department at the Phipps Clinic is splendid and there is a good staff of nine physicians, men and women, for 84 in-patients and the out-patients. This should be a lesson to us. We attempt to do our nervous and mental work with grotesquely inadequate staffs. The in-patients pay what they can afford from nothing to 25 dollars a week, private patients paying 9 to 12 dollars a day. The actual cost per head, I was told, was about 6 dollars or 25s. a day. There is no doubt that here, at least, the early recoverable nervous and borderland patients have offered to them the very best that modern alienists can give.

The Boston Psychopathic Hospital, under a Scotsman, Professor Macfie Campbell, is another noteworthy institution which like the Phipps Clinic is run in close connection with a large general Hospital and the Harvard University Medical School. Here, too, the same objection can be raised that there are locked outer doors, and that some of the cases admitted are acute mental ones.

The kindly tone and careful scientific investigation of cases exist here no less than at the Phipps Clinic. I must say too, that I was much struck by the way in which our physical as well as mental hunger was appeased! At most institutions we were hospitably entertained.

The Third division is the care of the Insane, and two very fine institutions stand out in my mind, i. e., St. Elizabeth's State Hospital at Washington under Dr. White, and the Pennsylvania Hospital, Department for Mental and Nervous Diseases, at Philadelphia under Dr. Copp. Both Hospitals are full of energy and progressive ideas and accomplishment, re-education methods are in full swing. Particularly I remember the toyshop at St. Elizabeth's, the beautiful surroundings and Dr. White's keen interest in all the new scientific methods, and, at the Pennsylvania Hospital, Dr. Copp's magnificent visions for the future. A well nigh perfect place is planned with every department thought out for patients, staff, and original work, including too an out-patient department in the Town, which is already doing notable work.

As fine examples of smaller private Mental Hospitals, Bloomingdale, near New York, and the Shephard Pratt at Baltimore are attractive, and the very large number of voluntary boarders is an enviable feature. It is a source of pride to have as many as possible.

The Psychiatric work done for criminals and juvenile delinquents I saw first at Ottawa in Canada where Judge Archibald has a simple but attractive little detention home, where he can take both boys and girls, under a man and his wife who run it so that the home and not the detention is obvious. In this connection the Big Brother and Sister Movement seemed nearly ideal in guarding and helping young offenders.

Judge Mott at Toronto is the first in Canada to have a special Psychiatrist attached to his Juvenile Court. Again at Baltimore and in New York excellent work is being done in Juvenile Courts, and the most intensive work of all is at Boston under Dr. Healy, and at New York under Dr. Glueck, each of whom has an able woman doctor working with him. Dr. Healy and Dr. Augusta Bronner, who have both written valuable papers, are most original workers, keen minded and enthusiastic and full of a delightful readiness to help and give of their knowledge to any enquiring colleague.

The care of the Mentally and Nervously disabled soldiers as at the Walter Reed Hospital, W. Washington, Psychiatry in relation to Education, the Special Schools, the Psychiatrist in Social Service, and other points of value must be despatched with the comment that any one of them would well repay a visit to the other side.

Last, but not least, I come to the National Committee for Mental Hygiene which I briefly mentioned before. This was started mainly by Mr. Clifford Beers, who wrote a remarkable book called "A Mind that Found Itself." With enthusiasm, tolerance, and some humour he described his experiences as a mental patient, and having then arrested the attention of such men as Professor William James, Dr. E. E. Southard, Dr. William Welch and Dr. Adolf Meyer he, with their aid, organised the National Committee. It has no flavour of "anti" about it and, though aiming at reform in one sense, it has been steadily constructive from the first. It has had a hand in all the great advances made in Mental Hygiene since its inception and it has initiated several. It has "tried out" suggestions, published valuable work, stirred up interest, pulled all the workers together, formed a common meeting ground and, through its valuable paper "Mental Hygiene," kept in touch with a wide public.

This Committee has the warm support of all the keenest and best men and women, who, with ruth and sympathy, concern themselves with the fate of nervous and mental patients; who strive for the prevention of faulty methods of thought and education which tend to increase mental strain, and who are in the van of scientific work in these matters.

It forms an important and necessary link between the public and the work in this speciality. The public very badly needs this link. Too often the man in the street knows amazingly little about insanity in proportion to its importance. He has, often, never seen a mental hospital, he has no idea that in one Mental Hospital alone there may be over 2000 patients. He does not know that in many Mental Hospitals there is a large recovery rate. He does not grasp at all the close relationship which nervous and mental stability and ins ability bear to all the daily problems he meets, industrial fatigue and unrest, war and peace, social difficulties such as crime and delinquency, thieving, divorce, the birth rate, etc. He pictures mental disease as a sea into which a man lands himself as it were by a plunge off a spring board—never was there a more fatal mistake. He thinks nerves are "all ot."

The War has helped a great deal in letting light and air into this subject, but there should be here, as in America, a permanent reliable mechanism for ventilation. Such, the National Committee for Mental Hygiene is, there. Such, it would be, if introduced, here.

The personnel of the Committee speaks for itself. Those who are well known experts, who have devoted their lives to the service of mental and nervous health, philanthropists, professors and others who are interested, combine to look at this subject as a whole, and to see that no aspect of it be neglected.

Another great contribution that this institution is making to the general understanding and co-operation is the organisation of an International Committee, for which both Canada and the United States already have subscribed money. They have a fine vision of a future in which every original and helpful thought in this speciality, wherever in the world it may grow, shall be culled and distributed for the good of all. They desire that anyone, however far away, may be easily able to inform himself as to all the best ideas in this connection, and that help in carrying them out may be available.

Already the States and Canada are co-operating, France is interested and considering, China, I think, is forming a committee, South Africa has started and it is to be hoped that we shall not be left behind.

On the Rate of Progress of the Mentally Defective.

By W. B. DRUMMOND, M.D., F.R.C.P. (Edin.), Medical Superintendent,
Baldovan Institution for Feeble-minded Children, by Dundee.

IN Mr. Cyril Burt's valuable—or invaluable—work on "The Distribution and Relations of Educational Abilities," the following rule is laid down (p. 11):—
"The educational progress of "defectives" follows an average rate of about half a class (grade or standard) per annum—a rate of progress which is about half that of ordinary elementary school children. With defectives, educational development is not only slower; it also seems to slacken and cease towards the end of the school career. Many doubtless arrive prematurely at the limit of their mental growth."

This rule is of practical value as a guide to the regulation of the curriculum of special schools and the average standard of attainment which may fairly be expected in successive classes. However, it should be remembered that the rule is based upon an examination of the children in special schools in London, and is not necessarily applicable to schools where the basis of selection is different.

A few pages further on (p. 16) Mr. Burt says: "The educational attainments of a so-called mentally defective child correspond on an average to those of an ordinary child of just over half his age. . . . We have thus a simple rule for predicting the most probable degree of educational deficiency for any special school child of a given age."

Thus expressed, the rule seems to me to be somewhat lacking in caution. Perhaps the statement is literally correct (i.e., of London special school children) inasmuch as any child of unknown mentality is more likely to be near the average of his group than to be an extreme deviate, but the reader who is less familiar with averages than Mr. Burt may fail to notice that the generalisation is really inapplicable to individuals *especially when the individual belongs to a group in which variations are so numerous and extreme as is the case among defectives*. The only safe rule which may be used for predicting the probable educational efficiency (or deficiency) of a given child must be one which is based upon an examination of that child.

Possibly the best foundation we can lay for such prediction is the ascertain-

ment of the Intelligence Quotient. Dr. Kuhlmann*, Director of Research at the Minnesota School for the Feeble-minded, writes; "On the whole the I.Q. for a given case remains constant, with a slight tendency on the average to decrease after the ages of about nine or ten. To this general rule there are quite a number of individual exceptions."

This rule does not quite agree with Mr. Burt's, even if we assume that educational development and mental development keep pace. Obviously, if a child has an Intelligence Quotient of 0.5 his progress will be at the rate of one year in two, but if his Intelligence Quotient is in the neighbourhood of 0.33 his progress will be only one year in three.

That the I.Q. does remain fairly constant during the developing period is, I believe, true of a considerable proportion of cases, but when intelligence has reached, or is approaching, its maximum development the rule naturally ceases to apply. According to Dr. Ballard, intelligence ceases to develop, in the case of normal children, at or before the age of sixteen. In a large proportion of cases, the maximum development is reached by thirteen years of age. It may safely be assumed that among the mentally defective, the intelligence reaches its maximum development on the average at an earlier age than among normal children. After the age of twelve or thirteen, or sooner, we may expect the rate of mental development to slow down and finally to cease.

Terman lays down the rule that in calculating the I.Q. of any person over the age of 16 years, the denominator is to be taken as 16. For example, if a man of 60 has a mental age of 12 years, his I.Q. is $12 \div 16 = 0.75$.

A few examples may be given of the constancy of the I.Q. in the case of mentally defective children.

R.D. born 29/6/07.	Examined 24/2/17.	I.Q. .55
do.	do. 30/5/20.	I.Q. .5
W.R. born 26/5/05.	do. 10/10/17.	I.Q. .43.
do.	do. 13/4/19.	I.Q. .41.
A.W. born 16/8/06.	do. 16/3/16.	I.Q. .67.
do.	do. 15/2/19.	I.Q. .64.

As Dr. Kuhlmann states, however, exceptions are numerous. Not only are they numerous; they are at times of great extent and occur in both directions. In the case of children admitted to an institution, it may be found a year or two later that the I.Q. has increased or that it has diminished. W.D., born 22/8/08 had a mental age of VII on 23/11/18, equivalent to an I.Q. of .68. On 20/6/20 his Mental Age was still VII and his I.Q. .59. In this case a boy examined at the age of ten years three months was found nineteen months later to have made no progress in mental development. The result was a little surprising, as the child had improved greatly in his general conduct.

Another boy, W.K., born 27/3/04, had a mental age of VII and an I.Q. of .53 on 28/2/18. Two years and four months later his mental age was slightly over VII ($7\frac{2}{3}$) and his I.Q. was .45. His progress was thus at the rate of one year in six. This lad appears to be an instance of the premature arrest of mental development which is common among defectives. His physical development has undergone a similar arrest. Although he is now 17 years of age, his height is that of an average boy of 10 years.

Terman retested a group of children at an interval of two to four years. He found that the average difference in the I.Q. was only 4 per cent, and the greatest difference was only 8 per cent.

A few examples may now be given of an increase in the I.Q.

W.C., born 4/2/04.	Tested	8 /9/16.	M.A.	4½.	I.Q.	.36.
do.	do.	25/11/18.	M.A.	6⅔.	I.Q.	.46.
J.C.	do.	8/9/16.	M.A.	4½.	I.Q.	.36.
do.	do.	16/5/18.	M.A.	6.	I.Q.	.42.
J.McG., born 17/4/08.	do.	18/6/16.	M.A.	6.	I.Q.	.73.
do.	do.	1/2/19.	M.A.	9⅔.	I.Q.	.87.
(W.R., born 23/1/07.	do.	9/4/17.	M.A.	7⅔.	I.Q.	.76.
do.	do.	9/6/18.	M.A.	9.	I.Q.	.78.)

It will be noted that the rate of progress in these cases was approximately as follows: The first advanced one year in a little less, and the second in a little more than one year. The third advanced at the rate of one year in six months. The fourth advanced at the rate of one year in a year or slightly less, but although his progress was practically at the normal rate, the period was too short to show any significant increase in his I.Q.

The first two of these cases are twin boys. They were wild, mischievous boys, very open to suggestion, and quite without regard for consequences, who lived a very free life until a house-breaking adventure got them into serious trouble with the police. In the Institution they were very troublesome, undisciplined lads till Handwork laid its spell upon them, when they became much more amenable to law and order, and might even be found darning stockings in bed instead of plotting mischief for the morrow.

While these two lads belong to the imbecile group the third may be classed as feeble-minded, approximating to the normal standard. He came from a country village where he must have led a somewhat vegetative existence with neither home nor educational advantages. Institution life with all its drawbacks must have provided for him a comparatively stimulating environment.

The fourth case is a high grade feeble-minded boy who was admitted as a moral imbecile. In his home surroundings he was well known to the police as an expert boy-thief.

The improvement in the I.Q. of these children was probably greater than the figures indicate. The tests were made with the ordinary Binet-Simon Scale, not with the Stanford revision. It is admitted that some of the earlier tests in the ordinary scale are too easy (i.e., are placed too high on the scale) and that some of the later are too difficult (i.e., are placed too low). The result is that a child whose progress is really normal will show an apparent fall in his I.Q. in successive testings.

According to Terman, the true border-line case will test approximately as follows:

At age 5—I.Q., 90 (apparently nearly normal).

At age 9—I.Q., 75 (border-line).

At age 14—I.Q., 65 (moral deficiency).

On the other hand, retests by the Stanford revision yield almost identical intelligence quotients. The increased I.Q.'s. in the cases cited above are therefore more significant than appears at first sight.

These cases are few in number, but they are sufficient to show that mentally defective children, after admission to an Institution, may for a time develop as rapidly or even more rapidly than the average normal child. I think the explanation is that in such cases the child, in addition to being mentally defective, has also been retarded. A child's mind does not develop *in vacuo*, but in response to stimuli, and if the child's environment does not supply the necessary stimuli

the child's innate capacities will not develop as rapidly nor as fully as they ought to do. The Binet tests have been criticised on the ground that while they claim to test native ability, they imply school knowledge and experience. That is the case with many of the tests; but then the school experience implied is only that which may be taken for granted in the case of practically all children. Binet himself lays down the rule that if a child is retarded by several years we may be justified in *suspecting* mental deficiency, but we must not make our diagnosis until we have eliminated other possible causes of retardation.

Now if a child of normal intellectual endowment may be retarded in his development, the same may—indeed must—be true of the mentally defective. The defective child is less capable than the normal child of seeking, of finding, of creating those stimuli which are necessary for his own development. The defective baby requires to be taught most of the things which every normal baby teaches himself. Consequently, if he is neglected, if he is not played with, talked to, encouraged and encouraged to do every little thing for himself, he will suffer not merely from the innate weakness of his mental powers, but from the retardation consequent upon these powers not being developed even to the limited extent of which they are capable.

From what I have seen of the Montessori method both in ordinary nursery schools and in our own school for defective children, I think the part of the directress should be decidedly more active in the latter than in the former. I also think that in the case of mentally defective children, the Montessori environment requires to be supplemented in various ways.

Doubtless institution life itself requires supplementing in the case of certain children. I believe that the very environment which has proved stimulating at a certain stage of development, may be found lacking at a later stage. Indeed it may even have a deadening effect, e.g., by failing to provide sufficient variety and sufficient scope and encouragement for initiative. Perhaps the case of J. McG. cited above may be an example of this, for this boy has advanced at a much slower rate since 1919 than he did between 1916 and 1919.

The conclusion we have reached, then, is that the safest forecast we can make of the future progress of a mentally defective child is based upon his intelligence quotient. This should be ascertained by means of the Stanford revision of the Binet scale, though it has not yet been proved that the Stanford tests are as suitable for British as they are for American children. Other tests, such as the Porteus maze tests, also help us to arrive at a reliable forecast.

When we have ascertained the I.Q. we have still to take into account the past history, and the present condition of the child. If the child has had less than the usual advantages, we may hope that a low I.Q. may be in part the indication of a simple retardation which will become less when the pupil is placed in a suitable environment and in charge of experienced teachers. For example, the one-room child about whom Sir Leslie McKenzie has written so eloquently is almost certain to be mentally retarded to a greater degree than should be attributed to innate deficiency, especially if he is an only child whose father is out all day, and whose mother is the type of woman who never speaks when she can avoid it. "Let your words be counted" may be a good rule for the Montessori school when the children are busy, but it is a bad rule for the home, where the child has to learn his mother tongue.

Again the health and vigour of the child, the acuity of his senses, his interest and his capacity for attention are all elements which need to be taken into account in our prognosis. If our one-room child is anaemic and rachitic, if he is languid

and irresponsive, an improved environment will do little for his mental development till his health has improved.

Sometimes in the course of an examination one may come to the conclusion that other factors are of greater importance in the case than the intelligence quotient as ordinarily ascertained. Recently I examined a boy of nearly eleven years of age, and found him to have a mental age of $4\frac{2}{3}$, and an I.Q. of (apparently) 4. But the examination revealed the phenomenon of scattering in a marked degree. Thus he failed in tests involving school knowledge, though he had attended school. He also failed in tests which involve the use of language. He did not reply to the question "are you a little boy or a little girl?" He could not repeat a sentence of ten syllables. He could not name colours. Yet his practical abilities were evidently good. When told to count thirteen pennies he immediately gathered them up in his hand, then laid them down one by one counting correctly as he did so. He not only drew the square and the diamond very well indeed, but he secured a pass in the ten-year test of reproducing two diagrams from memory. These results were easily accounted for by the obvious fact that the boy was hard of hearing—deaf enough to be unable to pick up incidental instruction in school. Accordingly I asked the headmaster of a school for the deaf and dumb to examine him, and he agreed with me that the boy should have the opportunity of being educated by methods suited for deaf mutes.

There must be defective children whose deafness is less apparent than in this case, yet is sufficient to cause a certain amount of retardation. The lesson of the case, therefore, is that we should pay attention to the acuity of the senses in each case we have to deal with, and perhaps that all children who are admitted to a special school at a sufficiently early age should receive a greater amount of systematic sense training than is always provided for.

The Younger Generation and the "Almosts."

BY DR. HELEN MACMURCHY,

Chief, Child Welfare Division, Department of Health, Ottawa, Canada.

THE reformer is always trying to open the school-room door. To the younger generation our eyes are always turning. If we are going to help in the task of making the world safe for democracy, we shall accomplish the greater part of our task by and through the younger generation.

Let us try to take an airman's view of our task. We fail to realise that all our troubles, so far as the outward and elementary struggles and tasks of Government and Democracy are concerned, come from a small group of persons. Out of every thousand Britishers the number who give the Government and the people anxious thought, expense, or trouble is surprisingly small. It is probably not more than ten out of every thousand citizens—one per cent.

There are certain reasons why we might think this a fairly correct estimate. It is a well-known fact that the curve of ability tends to rise slowly at first, then more rapidly, then maintain a "plateau" and finally repeat in its fall or decline, almost the same curve which characterized its rise. In other words, the number of those possessing somewhat marked mental ability and usefulness approximates to the number of those possessing somewhat marked mental disability and useless-

ness. Instinct, intellect, intuition—however much of these we have—combined with that long-known “character ability” that psychologists are beginning to talk about—this total gives us our place.

There is some reason to think that really first-class human beings are not much more numerous than they were at the dawn of history. At least, certain records, such as Gideon’s reduction of his volunteer army from thirty and two thousand men down to three hundred men who were found not only “fit to fight and ready to die,” but who had their wits about them and who apparently possessed marked ability of some kind, would seem to support such a theory. Three hundred is perilously near one per cent of thirty and two thousand.

That one per cent. is the hope of democracy. Democracy needs leaders. But we need also the power of caring for and making the best of that other one per cent. Of these about three in every thousand are mentally defective. About three in every thousand are mentally diseased. And about three in every thousand are what we call criminals or unemployables, or else they are incurable or derelict in some other way. Surely the other ninety and nine can take care of the one wanderer out of the hundred.

But this will not be an easy task. It may mean a good deal of “scrapping.” It will certainly mean educational reform. For the mentally defective child, the school should furnish special help and training and the school, being a National School, should be the place where the Nation can begin to deal wisely with the problem, and work towards a solution.

The experience of the United States in the war—when psycho-neurological units were formed to assist in the medical examination of recruits for the army and these military psycho-neurologists found an appalling percentage of the recruits, according to their tests, showing signs of mental defect—has shed a flood of light on the subject.

We should remember that mentally defective persons, especially children who are mentally defective, differ among themselves as much as normal persons do. The real question which must be answered by the School Medical Officer, in consultation with the Medical Expert in mental defect and with the principal teachers, parents and everyone else who can afford information or “give evidence,” so to speak, about the school child who is not getting on, or very backward, is not so much whether the child can do this test or that, but whether he shows signs of being able to “make his way.” Can he really fill a place in the Community? Can it be reasonably expected that he can make, or help to make a home? Or is he going to be a “destructive social force.” Perhaps he is a destructive social force already.

Mentally defective children not infrequently ruin the home financially and otherwise. They weight the scale on the wrong side and the weight is a heavy one.

There seems to be no alternative at present, at least, to the conclusion that when, after every proper precaution has been taken, the school authorities find that mental defect is present, the nation should appoint some guardian or supervisory power in the national interest and in the interest of the mentally defective child or adult person. Revision and re-examination are of course, necessary.

This means educational reform on a grand scale, for it shows that means and methods must be found to make the best of all those children whose mental gifts are so inadequate that they cannot take up the duties of citizenship. The important thing is to remember that they *have* gifts and to discover these and give them development and encouragement.

Legal Notes.

High Court Decision in Cases of Berkshire County Council v. Reading County Borough Council and London County Council.

IN our January number we gave a report of legal proceedings in determining the place of residence under the Mental Deficiency Act of the cases of two mentally defective girls in the Cumnor Rise Home for the Feeble-minded, Cumnor, Berks., when the Petty Sessional Court at Abingdon decided that in both cases the liability for maintenance rested with the Berkshire Local Authority.

The facts may be recapitulated briefly as follows:—

One patient had been in the Home since 1907, her poor law settlement at the time of admission being in Reading; the other had also been in the Home for some years, her poor law settlement having previously been in a London Union. In 1920 petitions were presented by an officer of the Board of Control for orders for the detention of both these cases under the Mental Deficiency Act, when the judicial authority who heard the petitions took the view that the patients "resided" respectively in the areas of the County Borough of Reading and the County of London, and made orders imposing responsibility for maintenance upon these two authorities who thereupon caused application to be made under section 44 (3) of the Mental Deficiency Act for orders transferring the liability in each case to the Berkshire County Council. At the Petty Sessional Court held at Abingdon on 5th November, 1920, the Justices by a majority decided that such orders should be made, as both defectives resided in Berkshire.

The Berkshire County Council appealed from this decision and the Justices stated a case for the High Court.

The appeal was heard on 14th April, 1921 (K.B. Div., Darling, Avory and Salter, J.J.) with the result that the decision of the Justices was upheld on the ground that "residence" for the purpose of sections 43 and 44 of the Mental Deficiency Act means physical residence, and that the "case of doubt" referred to in Section 44 (4), as giving occasion for reference to poor law settlement to determine responsibility for maintenance, must be a case of doubt as to physical residence and not as to residence in any technical sense.

Arguments of counsel were directed to the points that the residence of these mentally defective girls in the Cumnor Rise Home was not "residence" within the meaning of the Act because (i) they were not capable of volition and (ii) in any case they had been detained in the Home irrespective of any choice they might be capable of making. Both these points were brushed aside in the judgment, so that (as was pointed out by Mr. Justice Salter) it follows either that volition is not necessary to "residing" under the Mental Deficiency Act, or that persons mentally defective may be capable of such volition as is essential to such "residing."

Jurisdiction of Petty Sessional Court, on Appeal from a Decision as to Residence of a Judicial Authority.

A judicial authority at Worthing on 24th August, 1920, made an order on petition sending a mentally defective girl to a certified institution and imposing responsibility for her maintenance on the local authority for London. The local authority for London was not satisfied with the finding of the judicial authority as to the place of residence of the defective and therefore caused application to be made to the petty sessional court at Worthing for two summonses, under section

44 (3) of the Act, one against the County Council for West Sussex and the other against the local authority for Sheffield. These were returnable on 10th November, 1920, when Counsel appearing for the West Sussex County Council took a preliminary objection that the Court had no jurisdiction to hear the summons, arguing that section 44 (3) was applicable only to proceedings under the other sub-sections of section 44, viz., in the case of an order made in respect of a person found guilty of an offence or of an order made by the Secretary of State. He contended that the Act made no provision for appeal from a decision as to residence by a judicial authority. The bench accepted this view and declined to hear the summonses.

In view of the very important question of principle involved, application was made on behalf of the local authority for London to the Divisional Court for a rule *nisi* directed to the justices of the petty sessional court to show cause why they should not hear and determine the summons. The application was heard on 28th April, 1921, (Darling, Avory and Greer, J.J.). The rule was made absolute, on the ground that sub-section (3) of section 44 deals with the whole question of determination of residence and is not limited to the particular instances dealt with in the earlier part of the section: the summonses therefore are referred back to the justices for hearing. Mr. Justice Greer pointed out that it would not be just to leave to a judicial authority, without possibility of appeal, the determination of responsibility for maintenance of a defective.

News and Notes.

Resignation of Miss Luce.

The C.A.M.D. has regretfully to record the resignation of Miss Luce on her appointment to an Inspectorship under the Board of Education. She has been for four years Organising Secretary of the Association and took an active part in the organisation of the six Short Courses for Teachers which have been held during that period, whilst in addition she has been responsible for editing this magazine from its inception.

Her work throughout has been marked by its enthusiasm and devotion and she will be very greatly missed, not only by the C.A.M.D., but also by the many Secretaries of Local Associations who have received her help and encouragement.

Board of Control.

On the recommendation of the Minister of Health, the King has been pleased to appoint Miss Ruth Darwin to be a Commissioner (unpaid) of the Board of Control.

His Majesty on the recommendation of the Minister of Health has appointed Sir F. J. Willis, K.B.E., a principal assistant secretary in the Ministry of Health to be a Commissioner on the Board of Control, and the Minister of Health has appointed Sir F. Willis to be Chairman of the Board in succession to Sir William Byrne.

We refer to Sir William Byrne's retirement in another column.

A Circular was sent by the Board of Control to Local Authorities on April 12th, 1921, on the subject of the Restriction of Public Expenditure. It states

that the Ministry of Health has issued instructions for the programmes of Local Authorities to be restricted to the execution of commitments already made and to the utilisation of accommodation already available.

The Circular points out that it is open to Local Authorities to apply for the approval of additional Poor Law Institutions under Section 37 where necessary, but no fresh schemes for the establishment of Certified Institutions by Local Authorities can be considered.

In a separate paragraph the Circular draws attention to the fact that the duties of ascertainment and supervision, which are important but comparatively inexpensive, can still be carried out.

Short Course for Teachers.

The Tenth Short Course, arranged by the C.A.M.D. on behalf of the Board of Education, for Teachers of the Mentally Defective is now (July 6th to 27th) in progress at Leeds and is being attended by forty-two teachers from all parts of the country.

The Course is following the usual lines, the students' time being divided between Lectures (pedagogical, medical and legal), School Visits, Manual Classes and Classes in Physical Exercises. Advanced students are in addition attending Demonstrations given at the Leeds Special Schools by Dr. Wear, School Medical Officer, and Dr. Stockwell, Assistant School Medical Officer: and at Meanwood Park Colony by Dr. Middlemiss, Medical Officer to the Leeds Mental Deficiency Act Committee.

University of London. Post Graduate Course in Mental Deficiency.

The third Post Graduate Course arranged by the University Extension Board in co-operation with the C.A.M.D. was held at the University from May 23rd to June 4th, 1921. Two factors, the enforced restriction of expenditure on the part of Local Authorities, and the troubled industrial condition of the country which made it impossible for many Medical Officers to leave their counties at the time of the Course, combined to make the attendance much smaller than at the 1920 Courses. Twenty-five students attended, the majority being School Medical Officers. Two students took the Course as part of their examination for the new Diploma in Psychological Medicine of the University of London.

The syllabus was based on the requirements of the Diploma. Lectures were given by Dr. Tredgold, Dr. F. C. Shrubbsall, Mr. Cyril Burt, Dr. E. Prideaux, Dr. W. C. Sullivan and Miss Lucy Fildes. Every student attended demonstrations of individual cases of defect; visits were paid to Special Schools under the London County Council and the Willesden Education Committee; whole day visits were made to Darenth Industrial Colony, Farmfield State Institution and the Royal Eastern Counties Institution, Colchester. Half day visits were also arranged, for those students who desired them, to smaller homes and schools in and near London, and to Lingfield Epileptic Colony. New features of this Course were a demonstration of anatomical specimens at the Royal College of Surgeons, and a clinical demonstration of various types and grades of defect at the Fountains Mental Hospital for Imbecile Children.

Wolf Cub and Brownie Packs for Backward Children.

The Secretary of the Cambs. Voluntary Association (Miss St. C. Townsend) sends us the following account of this new development of their work:—

In October, 1920, the Cambs. Voluntary Association inaugurated a Wolf

Cub Pack for the boys attending the Hope Class for backward children. There are over 40 children in this class, of all ages from 7 to 14, and of varying degrees of defect, from the merely dull and backward to low grade feebleminded, all of whom are visited by the Association.

In February, 1921, a Brownie Pack was started for the girls.

The boys have been divided into senior and junior groups, but the girls being fewer in number are taken in one group. Each group meets once a week, half an hour before school closes, in a large empty room opposite the school. In addition to this it has been possible to arrange for the boys to play football and other games in competition with other Packs in the town.

The Association have been fortunate in enlisting the help of several keen workers, residents of Cambridge, and also that of a number of Newnham students during term time. This means that beyond the organising and general direction of the Packs, the Secretary of the Association need give very little time to the practical work.

From the beginning, the Borough Education Committee have been in sympathy with the experiment. They are convinced of its educational value to the children, and have now included the Cub and Brownie work in the school curriculum under "Organised games" and have agreed to assist in the matter of equipment.

Uniforms are kept at the school, but the children are encouraged to pay small sums weekly towards their own uniform, and as each article is paid for they are allowed to take it home.

The experiment had been an unqualified success: a marked improvement is noticeable in the children,—who begin to learn something of the meaning of "free discipline"—an exceptionally friendly relationship is established between the parents and the visitor, and an intimate knowledge is gained of the child's character and capacity, and of his home surroundings.

Yorkshire Association.

An arrangement for friendly co-operation with the Education Committee has recently been made by the Yorkshire Association. For some time past the Association has been trying to make the supervision of defective children leaving Special Schools more complete.

The extension of the Special Schools in York brought the question of an After Care Committee before the Educational Committee and a meeting was held in January consisting of visitors of the Special School, School Medical Officer, teachers, etc.

The Secretary of the Association attended this meeting and urged the importance of close co-operation between the suggested After Care Committee and the already existing Supervision Committee of the Association.

After much discussion it was decided not to form a separate After Care Committee but to ask the Supervision Committee to extend its borders so as to include those persons who would have formed an After Care Committee.

This has now been done and 11 new members have been added to the old Supervision Committee.

A complete list of all the children who have left the Special School since 1914 has been handed to the Association. Out of a list of 65 children only 11 have already been notified. The rest have been visited; 27 have moved and cannot be traced; of the remaining 27, 17 boys were in satisfactory work which many have kept for long periods, one boy earning as much as 35s. per week; 10 were out of work and these 10 will be specially visited and reported on.

The reception of the visitor was in all cases most cordial and the parent almost without exception loud in their praise of the work of the Special School.

It is hoped that those 10 boys who were out of work may be dealt with possibly in an Occupation Centre, or some possibly may prove to be Institution cases.

Hitherto the York Education Committee has only provided for the Education of defective boys but provision has recently been made also for girls, and we confidently hope that these new arrangements will secure within a few years a complete survey of mental deficiency in the city.

Supervision of Mental Defectives in County Durham.

We have received the following from Miss H. S. Cooper Hodgson, Superintendent Health Visitor, Durham County Council:—

In County Durham the health visitors supervise mental defectives in their homes. In a county area it is not possible to have day schools for such cases and institutional accommodation is at present unavailable, which means that many mental defectives are left in their homes, very little in the way of brightening their lives being possible. Several members of the health visitors' staff have taken short courses of training in the care of mental defectives kindly arranged for them by Miss Evelyn Fox (C.A.M.D.), and it is hoped eventually to detail one of the health visitors to act as peripatetic teacher in addition to the usual routine supervision visits by the district health visitor. Much could be done by this means to render the defective's life less happy, and, no mean achievement, to enable his parents or relatives to bear more cheerfully the affliction laid upon them. The training apparatus invented by Miss Macdowall and demonstrated by Miss Luce has been copied by the health visitors and placed in the County Traveling Welfare Exhibition; it has excited much interest amongst all classes of the community. On more than one occasion a depressed looking woman has been noticed taking special interest in the exhibit and tactful questioning has elicited the fact that she had a mental defective in her family circle for whom she thought the "toys" would be such a Godsend. "It do seem so sad to see her sit there day after day with nothing to do."

An astonishing number of people have asked "But what has mental deficiency to do with child welfare work." The truth is, as every experienced health worker knows, that the two branches of work overlap in many ways, and are closely linked up with each other. We do not at present know how many of our mental defectives we owe to head injuries at birth, due to unskilful midwifery, but we are only too well aware of the number of babies we lose owing to the mental inefficiency of their mothers.

New Institution.

The Lancashire Asylums Board's Asylum at "Calderstones," Whalley, has recently been certified as an Institution for Mental Defectives.

Built as an Asylum for the insane, and completed in 1915, it was never occupied as such, but was handed over to the War Office to be used as a hospital for soldiers. It was known during the war as Queen Mary's Military Hospital and a total of 56,800 soldiers received treatment there.

Since June of last year this Institution has been standing empty, and for the last six months the War Office have been considering the bill presented by the Lancashire Asylums Board for re-instatement work and depreciation of property generally, before handing it over to the Local Authority.

It is hoped to open this Institution at an early date for the accommodation of 2,100 patients of both sexes and all grades.

Report on Occupation Centres in Somerset.

The Somerset Association for the Care of the Mentally Defective, after making careful investigations as to the needs of the defective children living in their own homes, decided to establish Occupation Centres in the more populous districts. A start was made at Weston-super-Mare, and a Centre was opened on the 23rd November, 1920. To begin with, meetings were arranged for three mornings a week, but this was soon extended to three full days. The number of children on the books is ten, and the average attendance is nine. In addition, two delicate children are given the opportunity of attending in the afternoons, and two paralysed children are given remedial exercises and training at other times. The numbers are gradually increasing as the work becomes better known.

The chief aims of the Centre are happiness and forgetfulness of limitations, and teaching of self-control, developing initiative, arousing interest and enthusiasm. By means of varied games, singing and physical culture, the imagination and the memory are trained. The afternoons are principally devoted to handwork, e.g., bead-threading, bead-making, raffia work, knitting, basket-making, and rough woodwork. The children have been taken to the sands on a few fine afternoons.

The cost of the Centre for rent, cleaning and heating is approximately £25 per annum, and to this must be added the salary of the assistant and the cost of materials.

A second Centre was started in Glastonbury on the 1st March, 1921, with a full attendance of nine boys and girls of ages varying from seven to fourteen. In addition, a Mongolian imbecile lad of 21 attends in the afternoon for handwork. The children at this Centre are not so low grade as those at Weston-super-Mare, and some of them would undoubtedly benefit from instruction in a special class. The work carried on and the objects aimed at are the same as at the other Centre. It is opened two whole days a week, but this is not sufficient to satisfy the parents and children.

The cost of this Centre for rent, cleaning and heating is approximately £17 per annum, and in addition there must be reckoned travelling expenses.

To carry on the work of the Centres the Association has appointed an Organising Instructress, Miss Hettie Jeffries, who is a trained nurse and has had wide experience with defectives. She is entirely responsible for the management of each Centre and the training of the children, though correspondence and administrative matters are dealt with at the Office.

It is hoped to train Workers and Assistants in these Centres who can be left to carry on by themselves with an occasional visit from the Instructor. In Weston-super-Mare such an Assistant is already trained and ready to manage by herself.

The Somerset Association have been very much gratified with the success of the work which has been even greater than had been anticipated. It is hoped to open a third Centre in the Autumn of this year.

Central Lancashire Association's Occupation Centres.

The Central Lancashire Association started an Occupation Centre for ex-Special School girls at Blackburn in April last. The Centre is at present open one afternoon a week and is held in the Board Room of the Charity Organisation Society which is lent for the occasion. The initial expenses were met by voluntary subscriptions and gifts of material. Seven girls are on the register (average attendance, five), and they are occupied in rug-making, basket-making, knitting, etc.

A workshop for boys and young men has also just been started in a room at the Blackburn Special School which has been placed at the disposal of the Association for the purpose on three afternoons a week, from 3-30 to 5-50. The services of an Instructor from the Calderstones Institution have been lent as a temporary arrangement. The workshop is at present attended by seven boys and youths—(three being ex-service men)—who are being taught boot repairing, the necessary equipment having been paid for out of the funds of the Association.

The Association hopes eventually to be able to have both Centres open more frequently and to provide them with permanent paid teachers.

The Cassel Hospital.

The Cassel Hospital for Functional Nervous Diseases has recently been opened at Swaylands, Penshurst, Kent, under the directorship of Dr. T. A. Ross. It will accommodate 60 patients and is specially designed to meet the need of members of the middle class who cannot afford to pay large fees.

We hope to publish a fuller account of the work of the Hospital in a subsequent issue.

Stoke-on-Trent Psychiatric Clinic.

The Annual Report for 1920 of Dr. Robert Hughes, School Medical Officer for Stoke-on-Trent, contains an interesting section dealing with work done in connection with the Psychiatric Clinic.

Special attention has been devoted during the year to Ascertainment under the Education (Defective and Epileptic Children) Act and the M.D. Act, and the report discusses the difficulty of obtaining reliable returns for this purpose and advocates the universal use of the "Educational Quotient" as a standard on which to base measurements of retardation. With this object in view a new form has been drawn up to be circulated to Head Teachers asking for the child's chronological age, the standard which it has reached and whether it is considered fit for that standard. The Report goes on to describe the procedure and working principles of Medico-Psychological examinations at the Clinic and gives some interesting statistics as to the incidence and causation of its cases of mental deficiency together with a list of the chief physical defects found in connection with retarded or unstable children. A criticism of the relative merits and defects of the Goddard and Stanford Revision of the Binet Tests follows, together with a tabular statement of the Intelligence Quotients of 313 children examined at the Clinic.

Emphasis is laid on the importance of recognising the existence of the temperamentally unstable child and a recent development in the work of the Clinic is an arrangement entered into with the Medical Superintendent of the local Mental Hospital whereby a list of admissions thereto is supplied to the School Medical Officer in order that school children who are relatives of these patients may be submitted to a Psychological examination. It is hoped that this will lead to the detection and early treatment of children of unstable mental constitution and consequently to the prevention of mental disease.

Another recent development is a scheme for the medico-psychological examination of children of school age who are referred by the Local Justices.

For fuller information as to the activities of the clinic the reader is referred to the Report itself, copies of which can be obtained on application to the Stoke-on-Trent Education Offices.

Report of Lancashire School Medical Officer.

Another recently published School Medical Officer's Report which should be of interest to students of mental deficiency is that of Dr. Butterworth, County School Medical Officer to the Lancashire Education Committee (County Offices, Preston).

The Report contains detailed accounts of enquiries conducted by Dr. Cooper, Assistant County Medical Officer, into the causes of, and conditions associated with retarded educational progress, and into Speech Defects and the allied conditions of Word Blindness and Word Deafness in school children.

Both these latter sections are of particular value as they contain not only a description of the various kinds of Speech Defects with suggestions as to their treatment and some interesting examples of cases of Word Blindness and Deafness, but also a scientific explanation of the mental processes involved in reading and speaking.

Experiment *re* Possibilities of Sub-Normal Girls in Factory Work.

In the April number of 'Mental Hygiene' there is an interesting article on an experiment to determine the possibilities of sub-normal girls in factory work, which was carried on for eight months in a rubber factory in an American town, with the advice of Prof. Arnold Gesell, of Yale. The experiment unfortunately had to be prematurely discontinued on account of trade depression, but lasted long enough to yield some suggestive results.

It took the form of a 'special class' held in one of the workrooms of the factory where a small group of sub-normal girls were set to work on certain selected processes of the rubber trade and carefully supervised and studied.

The numbers fluctuated but were at no one time larger than 12, although altogether 23 girls passed through the class. They consisted of two groups, imbeciles (mental age, 5 to 7), and 'morons' or feeble-minded (mental age, 5 to 11). The majority had previously been discharged from other places or were unable to secure employment at all even in a period of good trade. In each case a complete history was obtained and a Stanford Revision test applied.

Careful selection was made of the work suitable for each group. The imbeciles were confined to picking paper from certain parts of the rubber shoe and laying the pieces in rows of 24 (sub-divided into 4 rows of 6, to overcome their difficulty in counting); the morons worked at the simpler processes connected with the preparation of the various parts of the rubber before being made up.

For the first three months of the experiment a flat rate equal to about 87% of the normal rate for new employees was paid. It was then found that the lower-grade girls were not capable of earning this amount, and that the system did not call forth their best efforts. A sliding scale was thereupon introduced, on a basis ensuring the easy exceeding of the minimum which was fixed at eight dollars. During the last month payment was made entirely by piece rate by which time, with three exceptions, all the members of the class were able to earn at least eight dollars a week.

The individual output varied considerably and was found to be affected by unfavourable physical conditions such as cold, as well as by such factors as change of work involving readjustment. The girls, as might be expected, were found to do best at routine work, and the experiment demonstrated that certain characteristics peculiar to defectives are of real industrial value. They are, for instance, more reliable than normal workers (the percentage of absenteeism from the special

class was only .36 of 1% as against approximately 5% in the rest of the factory); they are unaffected by monotony, and they do not object to doing unpleasant work of a kind which is distasteful to other workers.

The experiment was well received by the other employees in the factory who watched it with friendly interest. The improvement in the girls was striking and was frequently commented on by social workers and others to whom they were known. Girls who had been restless and difficult ceased to give trouble, and dull, lethargic girls were stimulated and brightened. Only two were classed as failures.

The conditions necessary to achieve this success are indicated, amongst them being the provision of a separate room for the subnormal workers, the careful selection of a supervisor, the enforcing of strict discipline with dismissal from the class if necessary (an example is given where this resulted in an appreciable increase in output on the part of the remaining girls); and the plentiful provision of incentive by the stimulation of friendly rivalry and the meting out of frequent individual praise and encouragement.

The article concludes with a plea for the systematic establishment of such industrial classes, based on the conviction of their utility as a method of dealing with the problem of the mentally defective left in the community, and suggests that where an industry itself is unwilling to bear the expense of the necessary preliminary training, it would be worth while for the State to pay the salary of a Director while leaving the industry to provide the work and overhead charges.

Retirement of Sir William Byrne.

The occasion of the retirement of Sir William Byrne from the Chairmanship of the Board of Control is one which cannot be allowed by the Central Association for the Care of the Mentally Defective to pass in silence.

It was from him that the idea which gave rise to the Association—the need of some central organising body to act as a connecting link between the various Authorities and Voluntary Societies concerned with the care of defectives—emanated, and he has never failed to uphold the principle that official work should, in this as in other spheres of social activity, be assisted and supplemented by voluntary effort.

As Chairman of the Central Association for the Care of the Mentally Defective I desire to put on record our appreciation of the help he has given us and of his sympathetic consideration for the special difficulties which we, as voluntary workers, have had to face during the years of his Chairmanship of the Board.

(Signed) LESLIE SCOTT,

Chairman, C.A.M.D.

Book Reviews.

CLINICAL STUDY AND TREATMENT OF SICK CHILDREN. By John Thomson, M.D., F.R.C.P.ED. 3rd Edition. Pp. 877 xxxii., with 249 illustrations. Pub. Edinburgh, Oliver and Boyd, 1921. Price, 32s. 6d. net.

We have very great pleasure in welcoming a third edition of this book, which has been not only re-written and brought up to date, but the scope of which has been considerably enlarged so that it now forms a complete and valuable text book to the subject with which it deals. The general plan of the work remains the same; after giving an account of the principles of examination, the author follows with a very interesting and useful description of the main facts of growth and development, and he then proceeds to deal with the disorders and diseases of infancy and childhood as they affect the various regions and systems of the body. Teeth, limbs, nose and throat, blood, alimentary, respiratory, circulatory, nervous, urinary, etc., systems, are each dealt with in turn; there are special chapters on such subjects as the different forms of paralysis, rheumatism, syphilis and tuberculosis. A special chapter is devoted to the chief functional nervous disorders, also to the very important subjects of breast and hand feeding, nursery hygiene, and therapeutics; and the volume is concluded with a number of appendices on such questions as the method of case-taking, the periods of incubation and infectiveness of the infectious diseases, anaphylaxis, directions to the mothers of paralysed and mentally defective children, formulæ and recipes, etc. It is impossible to give any detailed account of the subject matter; it may, however, be said that each section is an up-to-date description of the matter with which it deals besides containing abundant references to special articles and recent work. In view of the fact that there are often very considerable differences between the organs of the child and those of the adult, and that if this be not borne in mind serious errors may easily be made,

we regard it as a particularly valuable feature of the book that the account of the various diseases should be preceded by a description of the normal anatomy and physiology at this period of life.

What chiefly strikes us about the book, however, and what is undoubtedly its most valuable feature, is its sound practical common sense and its wealth of clinical information. Dr. Thomson is well known as an experienced physician who has devoted his life to the careful and scientific study of children and this work is no mere compilation, it is the result of years of painstaking clinical investigation, and there is hardly a page which does not contain some personal observation or some bit of shrewd advice which cannot fail to be of value to the medical practitioner. When to this we add that the volume is very pleasantly written and profusely illustrated it will be seen that it is one which can be thoroughly recommended.

A. F. TREGGOLD.

THE INTELLIGENCE OF SCHOOL CHILDREN.
By Lewis M. Terman. Harrap. 8s. 6d. net.

The publication in 1919 of Professor Terman's "The Measurement of Intelligence" made it possible for the rank and file of educationists in this country to use graded mental tests instead of their remaining a kind of bag o' tricks at the command of a few psychologists. The "Stanford Revision" of the Binet Scale is now familiar to many and these will welcome this further book from the same author. If any sceptics remain, we would recommend them to read "The Intelligence of School Children," for they could not but bow before this tremendous array of hard facts. The book might perhaps have appeared more inviting to the majority of folks had some, at least, of the diagrams and tables been relegated to an Appendix, and the main conclusions, comparatively few in number yet very important, would have stood out more prominently.

Based on extensive work done chiefly by Professor Terman's students, the book is a plea for the use of Mental Age and Intelligence

Quotient in the classification of school children and their vocational guidance. It is shown beyond doubt that by the present more or less mechanical system of promotion, the true retardates are the "superior" children while the laggards are almost always found in classes higher than their degree of intelligence would warrant. This makes the work of the teachers more difficult than it need be, while entailing great economic loss as well as positive waste of effort.

Of great interest to us are the chapters on "School Laggards," "The Intelligence Quotient as a Basis for Prediction," and "Tests and Vocational Guidance." An unhappy state of affairs is revealed by the tables on pp. 121 and 122, which show how in the ordinary schools of a certain county in California, children definitely feeble-minded are attempting to do class work that is 2, 3, 4 and in some cases 5 years above the level for which their mental age would fit them.

It is good to know how far we may rely on the Intelligence Quotient as a basis for prediction, though there is need for much fuller investigation on this point. We learn that the chances are 1 to 5 that the Intelligence Quotient may be found to increase by as much as twelve points or decrease by as much as eight points. Hence we must not make a fetish of the Intelligence Quotient, and whenever possible we should re-test at suitable intervals.

For us, however, the book is of limited value since the data and conclusions refer to the condition of things in U.S.A. It would be well if those in this country who have been using the Stanford Revision during the past years would pool their results so that we might judge of the reliability of the scale for British children, and arrive at norms of intelligence corresponding to the classes in our own school system.

E.L.S.R.

INSANITY AND MENTAL DEFICIENCY IN RELATION TO LEGAL RESPONSIBILITY. By William G. H. COOK, LL.D. (Lond.). George Routledge & Sons, Ltd. 10s. 6d. net.

Dr. Cook's new book covers a wide field which is increasingly being explored by lawyers and students of the law, and we are sure the learned author's comprehensive exposition of his subject will be attentively studied by many who desire guidance or instruction in the highly technical matters to which the contents of the volume relate.

It is a little unfortunate perhaps, that Dr. Cook in his first chapter: "Definition and Classification" should have been constrained to state that "for the purposes of this treatise the words 'insanity' and 'lunacy' are interchangeable terms and are used throughout to denote the same thing, i.e., unsoundness of mind" (see page 2). That such statement is incorrect will appear abundantly clear from a perusal of page 3, and various subsequent parts of the book where the above terms and also "mental deficiency" and "mental incapacity" are used as though they all had the same legal meaning, which is not the case.

Apart from the confusion of thought occasionally resulting from this freedom in the use of medical terms when stating legal propositions we think Dr. Cook has very lucidly dealt with the main principles respecting the varied relationships between a person *non compos mentis* and the law.

H.D.

Correspondence.

We have received the following letter which we insert with apologies to Dr. Drummond for having omitted to verify the statement referred to before publication:—

TO THE EDITOR OF STUDIES IN MENTAL INEFFICIENCY,

24, Buckingham Palace Road,
London, S.W.1.

Baldovan Institution, near Dundee.

SIR,

Your issue for April 15th contains a state-

ment that this Institution has been taken over by certain District Boards of Control. This statement is not correct. The Institution is still under private management. It is, however, the case that negotiations are in progress which will probably result in a change in management, but the change may not be exactly what is indicated in your paragraph.

I shall be obliged if you will kindly insert this correction in your next issue.

Yours faithfully,

W. B. DRUMMOND,

Medical superintendent.

Notices.

Form Boards (for use in mental testing) can be supplied to order, by Mr. F. A. BOUGHTON, 108, Gilbert Road, Smethwick, Birmingham, at the following prices:—

Healy A. $\frac{1}{4}$ in. *Three Ply Wood.*

5in. \times 4in. Muslin Back 3/6.

10in. \times 8in. Wood back 8/6.

Form Boards. $\frac{3}{8}$ in. *thick. Insets* 3/16in. *thick.*

12in. \times 9in. 10 insets, varied shapes 15/-.

14in. \times 9 $\frac{1}{2}$ in. 4 insets, each divided into separate sections .. 17/-.

Bethlem Royal Hospital.

A Course of Lectures and practical instruction for the Diploma in Psychological Medicine of the Universities of London, Cambridge, Durham, etc., will be given at the above Hospital commencing early in October, 1921. For further particulars and syllabus apply to the Physician Superintendent, Bethlem Royal Hospital, London, S.E.1.

Recent Publications.

Mental Deficiency.

TYPES OF MENTAL DEFECTIVES. By M. W. Barr, M.D., Chief Physician, Pennsylvania Training College for Feeble-Minded Children, Elwyn, Pa., and E. F. Maloney, A.B., Prof. of Eng., Girard College. H. K. Lewis & Co. 16/-.

This book, which has numerous illustrations, consists of a series of studies of individual cases of defect met with in the writers' experience with suggestions as to methods of classification, etc.

TRAINING OF MENTALLY DEFECTIVE CHILDREN. 2nd edition. By M. Macdowall. Local Government Press. 3/6.

This useful little book has now reached its second edition, which contains an instructive additional chapter on the beginnings of speech training.

LECTURES ON MENTAL DEFECT AND CRIMINAL CONDUCT. Delivered to Members of class of Psychological Medicine, Maudsley Hospital. by Sir Bryan Donkin, M.D., F.R.C.P. Printed at the Lancet Office, 423, Strand, W.C.2.

This pamphlet, reprinted from the "Lancet" (1920 II, 979) consists of two lectures on "Mental Defect: its General and Special Implications" and "The Relation of Mental Defect to Crime."

Psychology, Psychotherapy, etc.

PSYCHOLOGY OF THE UNCONSCIOUS. By Dr. C. J. Jung (University of Zurich). Translation by B. M. Hinkle, M.D. Kegan, Paul. 25/-.

PSYCHO-ANALYSIS IN THE CLASS ROOM. By Geo. H. Green. Hodder & Stoughton (for the University of London Press). 7/6.

PSYCHO-ANALYSIS AND WAR NEUROSES. A symposium by Drs. Karl Abraham (Berlin); S. Ferenczi (Budapest), Ernest Jones (London), and Ernest Simmel (Berlin); with

- introduction by Professor Freud. Allen & Unwin. 7/6.
- PSYCHOLOGY OF DAY DREAMS. By Dr. J. Varendock. Allen & Unwin. 18/-.
- ADDRESSES ON PSYCHO-ANALYSIS. By Dr. J. J. Putman. Allen & Unwin. 12/6.
- THE PSYCHONEUROSES AND THEIR TREATMENT BY PSYCHOTHERAPY. 2nd edition. By Professor Dejerine and Dr. E. Gauckler. Translation by Smith Ely Jelliffe, M.D., Ph.D. J. B. Lippincott & Co. 25 -.
- HYPNOTIC SUGGESTION AND PSYCHO THERAPEUTICS. 2nd edition. By A. Betts Taplin, L.R.C.P. Simpkin Marshall, 10/6.
- HYPNOTISM AND TREATMENT BY SUGGESTION. 3rd enlarged edition. By Albert E. Davis, F.R.C.S., L.R.C.P. Simpkin Marshall & Co. 5/-.
- PSYCHOPATHOLOGY. By Edward J. Kempe, M.D. Henry Kimpton. 63/-.
- FUNCTIONAL NERVE DISEASE. Ed. By H. Crichton Miller, M.A., M.D., Oxford Medical Publication. 8/6.
- CHILD PSYCHOLOGY. By Vilhelm Rasmussen. Vol. II; The Kindergarten Child. Gyden-dal. 5/6.
- HEALTH AND THE MIND. By Lt.-Col. H. G. G. Mackenzie M.D., and Geoffrey Rhodes. Melrose. 7/6.
- THE HISTORY OF PSYCHOLOGY. Vols. II and III. By G. S. Brett. Allen & Unwin. 16/-.
- THE PSYCHOLOGY OF EVERY DAY LIFE. By Jas. Drever, M.A., B.Sc., D.Phil. Methuen. 6/-.
- INSTINCT IN MAN. An introduction to the Psychology of Education. 2nd edition. J. Drever M.A., B.Sc., D.Phil. Cambridge University Press. 10/6.
- INTRODUCTION TO THE PSYCHOLOGICAL PROBLEMS OF INDUSTRY. Frank Watts. Allen & Unwin. 12/6.
- THE EDUCATION OF BEHAVIOUR. A Psychological Study. By J. B. Saxby. Hodder & Stoughton. 6/-.
- THE ESSENTIALS OF MENTAL MEASUREMENT. By Wm. Brown and Godfrey H. Thompson. Cambridge University Press. 21/-.
- Education.**
- WORKING OUT THE FISHER ACT. By Basil Yeaxle. Oxford University Press. 2/6.
- REPORT OF THE NINTH ANNUAL CONFERENCE OF EDUCATIONAL ASSOCIATIONS. Held at University College, London, 1921. Conference Committee, 9, Brunswick Square, W.C.1. 5/- post free.
- PRACTICAL SUGGESTIONS IN TOYMAKING. By Mary B. James. Brown, 5, Farringdon Avenue. 4/6.
- THE RHYTHMIC DANCE BOOK. By Margaret Einert. Longmans, Green & Co. 4/6.
- Miscellaneous.**
- CLINICAL STUDY AND TREATMENT OF SICK CHILDREN. By John Thompson M.D., F.R.C.P. Edin. Oliver & Boyd. 32/6. (*Reviewed in this number.*)
- MENTAL HOSPITALS MANUAL. By John Macarthur M.R.C.S., F.R.C.P. Oxford Medical Publications. Henry Frowde, Hodder & Stoughton. 15/-.
- Government Publications.**
- REPORT OF COMMITTEE ON CHILD ADOPTION. (Cmd. 1254) H.M. Stationery Office. 9d.
- REPORT OF THE POST GRADUATE MEDICAL COMMITTEE. H.M. Stationery Office. 8d.
- THE LOCAL WAR PENSIONS' COMMITTEES' HANDBOOK (Ministry of Pensions). 2nd edition. H.M. Stationery Office. 2/- Post free, 2/3½.

STUDIES in MENTAL INEFFICIENCY

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Editorial.

WITH the issue of the present number this paper completes the second year of its existence.

We should like to take the opportunity to make an appeal to our readers not only for their continued support, but also for their closer co-operation.

We feel that the experiment which we made in embarking upon the publication of the paper has been justified by its success, and we owe our grateful thanks to those who have so readily responded to our request for articles, despite the numberless other claims upon their time. But we are quite aware of the shortcomings of the paper and fully alive to the fact that it is as yet far from being what the importance of the cause it serves demands. To remedy its defects we want a wider circulation: we want suggestions for articles: we want to be kept supplied with items of interest for "News and Notes": we want enquiries on specific problems the answers to which may prove of general help: and we want constructive criticism so that we may be better able to meet the needs of our readers and thus establish a closer link with them.

It is easy, too, to devote too much attention to one aspect of the problem of Mental Inefficiency at the expense of other aspects less apparent but of equal importance, and this again is a danger that can only be avoided if all who have the interests of the paper at heart take a share of the responsibility for making it an effective medium of information.

We therefore cordially invite the opinions of our readers as to how the paper can be made more helpful. All correspondence on the subject should be addressed to the Editor, "Studies in Mental Inefficiency," 24, Buckingham Palace Road, London, S.W.1.

The Biological Factor in Criminal Conduct.

BY W. C. SULLIVAN, M.D., B.Ch., B.A.O.,

Medical Superintendent, H.M. Criminal Lunatic Asylum, Broadmoor.

THE theory that criminals differ from the ordinary law-abiding population of their race and epoch by the possession of special biological characteristics, though frequently adumbrated by earlier students of the problem of crime, did not find its full development and formal expression until the appearance, in 1870, of Lombroso's famous work, "L'Uomo Delinquente." According to the Italian criminologist, the true criminal constituted a distinct species marked off from normal man by a group of anatomical and physiological traits indicating an innate incapacity of adaptation to the conditions of social life. So distinctive, indeed, were these traits that differences in their degree of development were held to characterise even special forms of criminal disposition, so that not only were there congenital criminals, there were predestined thieves, predestined homicides and predestined prostitutes. The presence, for example, of an unusually deep inferior occipital groove was one of the stigmata of the born homicide; it was supposed to be traceable in the crania of the Italian murderers examined by Lombroso, and its alleged existence in the skull of Charlotte Corday was sufficient to explain her assassination of Marat, and to justify her inclusion in the group of instinctive homicides. The views of the Italian School as to the origin of this special type of the race, and as to its relation to normal man, were somewhat vague and variable. Sometimes the criminal was regarded as a product of atavism, a throw-back to primitive man, who, for the purposes of this theory, was credited, on rather slender grounds, with all the most undesirable qualities conceivable in debased humanity. Sometimes, again, he was represented to be pathological rather than abnormal, and his presumed anti-social instincts were set down to morbid conditions of various sorts, and most frequently to epilepsy. Or again, as more or less intermediate between these two conceptions, he was brought into the nebulous and convenient category of the "degenerate."

It is desirable to recall these exaggerations of theory, because, though they have long been discredited and abandoned, they have exercised a lasting influence on popular thought regarding the criminal, and have in this way contributed to the over ready acceptance of doctrines which, while more plausible in appearance, rest upon fallacies of essentially the same order. It is right, however, to recognise that these extravagances disfigure only a part of Lombroso's work; they do not detract from his conspicuous merits as a pioneer in advocating and, according to his lights, applying the scientific spirit and scientific method to the study of criminals.

The capital error of Lombroso's doctrine, apart from his uncritical attitude towards his own anthropological observations, was his over-emphasis of the biological factors of conduct, and his comparative neglect of the sociological factors. This weak point exposed his whole work to attack, and it was, in fact, very promptly demolished by the masterly criticism of Manouvrier, one of the foremost anthropologists of Europe. But, oddly enough, it is the very same fallacy which Manouvrier so effectively exploded—the fallacy of ignoring the influence of the environment—that has been the foundation of the more plausible doctrine put forward in recent years by a school of criminologists who are themselves almost extravagantly clamorous in professing their contempt for the ideas and the methods of Lombroso.

According to the exponents of this new theory, there is still a specific biolog-

ical factor in criminal conduct, and that essential factor is mental deficiency; it replaces, in fact, the atavism, the epilepsy, the degeneracy, to which Lombroso attributed the same role. The main evidence in support of this doctrine is the fact that the proportion of mentally defective persons is much higher amongst convicted prisoners than in the general population. No one, of course, disputes this fact, and least of all will its importance be questioned by those who have had practical experience of criminals. But what is eminently disputable and indeed clearly unsound is the inference drawn from the fact. When we are told that abstruse mathematical manipulation of statistical data proves that "the one vital mental constitutional factor in the etiology of crime is defective intelligence" we are presumably meant to understand that all criminals are in some degree weak-minded, and that they have become criminals by reason of their mental deficiency. Otherwise the formula would appear to be nothing more than a re-statement, in cumbrous language, of the familiar fact that the percentage of mental defectives is relatively higher in the prison population than in the free population; and such a restatement adds nothing to our knowledge, but must, on the contrary, tend to confuse such knowledge as we already have. It is very likely to suggest to the unsophisticated reader that weak-mindedness plays the same sort of part in criminality that copper plays in brass, that as the presence of some amount of copper is necessary to constitute brass, so the existence of some degree of mental defect is necessary to constitute a criminal. And in much that is written and spoken about crime and criminals, it is easy to see that some such interpretation is, in fact, very commonly put on this dictum of the school of criminology to which I refer. The attitude of that school is thus fundamentally the same as the attitude of Lombroso in his less responsible moments; like Lombroso, these criminologists assume that criminals form a specific biological category, that phenomena of social conduct can be directly referred to conditions of biological organisation. To challenge that assumption is not, of course, to dispute the importance of constitutional factors in criminal as in all conduct; it is merely to insist on the very commonplace truth that conduct is the outcome of the interaction of biological and sociological factors, of organic disposition and of environment, and that these factors are far too numerous, too complex, too variable at different times and in different individuals, to be susceptible of analysis by methods applicable to criminals in the mass.

We have here a conflict between two radically opposed attitudes of mind, a conflict which implies a fundamental difference in methods of investigating the problems of criminology. For those who recognise that criminals are a sociological and not a biological category, the only reliable mode of investigating the biological factors of crime must be the slow and tedious way of clinical observation; it does not lead to the broad and sweeping generalisations that can be so readily furnished by the application of a priori principles to the interpretation of mass statistics, but the results which it yields, if more modest in appearance, have the advantage of being more firmly founded in fact.

Further, in their bearing on treatment, these results have a practical value which cannot be imputed to the conclusions arrived at by the opposed methods. Confronted with a case of larceny we get no help in this respect from the mathematical formulae showing the correlation of crimes of acquisitiveness with "general intelligence," or, with this or that somatic or psychological character. But we get definite and valuable guidance from the results of a careful clinical examination of the individual offender; we may learn that he presents the signs and symptoms of general paralysis and is a subject for treatment in an Asylum, or that he is an imbecile whose proper place is in an institution for defectives, or again that he is an ordinary sort of person who has acted under the force of exceptional cir-

circumstances. And from the accumulated results of many such individual observations—supplemented and controlled by the broad facts of criminal statistics, which are here in their proper place—we may hope eventually to build up more or less tentative conclusions of limited scope regarding the biological factors in criminal conduct.

Until the clinical material for this purpose is available in much larger quantity than at present, it would be unprofitable to attempt any larger generalisations; and premature efforts in this direction can only be mischievous, as tending to create a false impression of knowledge.

The immediate task of criminology is to collect and classify its data; and for the effective promotion of that task, it is of the first necessity to clear our minds of doctrinal preconceptions.

The “ Jean Jacques Rousseau ” Institute and the Training of Teachers of Sub-normal Children.

The following account of the way in which the Jean Jacques Rousseau Institute in Geneva is dealing with the problem of the training of teachers of defective children, is a translation of an article written by M. Pierre Bovet, and published in pamphlet form. He expressly states that his object in drawing attention to the subject is that it may induce others to make still further efforts, so great is the need for experimental work. We therefore feel no justification is needed for bringing his pamphlet to the notice of our readers.—EDITOR.

When the Institute was founded in 1912 “dans le but d’orienter les personnes se destinant aux carrières pédagogiques sur l’ensemble des disciplines touchant à l’éducation” we deliberately avoided an exact definition as to what we meant by “les carrières pédagogiques.” It is the students themselves, now numbering over two hundred, passing in a continual stream through our lecture rooms, who have helped us to fill in the details of our scheme—or “plans d’études.”

It was only in October 1917 that students first began to come to us with the definite intention of taking up this specialised career of teaching sub-normal children. Since then their numbers have so increased that we have had to work out a course of study, which although not as clear-cut as others which have been longer established (such as the one for teachers of young children, for instance), follows, in the main, quite well defined lines.

But before giving details as to this special course it will be well for me to indicate the guiding principles underlying all our courses of which, at the present moment, there are four, viz.: the education of young children, school method, child welfare and theory of education.

The Institute Jean Jacques Rousseau makes a practical knowledge of the child the foundation of all training for the teaching profession. M. Claparede, Professor of Psychology at Geneva University, has always been most emphatic about this point. The reform of our schools must begin “from the child itself.” The age of fruitless academic discussion on educational matters should and must be ended, now that child psychology has come into being; it is to experience that we must appeal to cut short these endless discussions which threaten to recur again and again in the same form. We therefore make certain lectures compulsory for all our students, no matter what particular course they may be taking, and amongst these we have, since 1912, given first place to lectures on the subject of subnormal children in its medical, and—most important of all—its psychological and educational aspects,

For the educational lectures we have had the good fortune to secure the services of Mlle. Alice Descocudres, a teacher of the first rank. Her book "Éducation des Enfants Anormaux" published in the Educational Records ("Collection D'Actualité Pédagogiques") of the Institute, reveals to some extent, her originality and her range of knowledge, based on the experience of many years, and on detailed and brilliant experimental work. But only those who have had the privilege of being her colleagues know what enthusiasm and devotion go hand in hand with her remarkable intellectual capacity.

Mlle. Descocudres was the first person to introduce into Switzerland the methods of Dr. Déroly, who is the director of two institutions in Brussels, one for normal and one for sub-normal children. In each of these, the principles underlying the "spontaneous activity" school of thought have been applied with much originality and vigour. To extend the sphere of its influence, Mlle. Descocudres drew up in 1913 two series of "Educational Games" each consisting of fifteen games, graded in difficulty, dealing with sensory training, number and reading. These "games" were published under the auspices of the Institute Jean Jacques Rousseau, and a German edition together with an explanatory leaflet was straightway issued in order that it might be circulated throughout German Switzerland, but I do not yet think that she has gained the recognition she deserves. In Italian Switzerland and abroad however, as in French Switzerland, these educational games have met with a very favourable reception.* It is to Mlle. Descocudres also that we owe Dr. Déroly's and his colleague's Mlle. Monchamp's little book "L'Initiation à l'activité intellectuelle et motrice"† which she has persuaded him to contribute to our "Collection d'Actualités Pédagogiques."

The reader may think that all this is a digression, but it is far from being the case, for the various publications we have just mentioned proclaimed and strengthened our conviction recorded above—that a knowledge of sub-normal children and the methods of dealing with them was of the utmost importance for all educationalists—a view that had already been voiced by many others, including Mme. Montessori.

Mlle. Descocudres' teaching, therefore, has always had a first place in our syllabus.

This is doubtless the explanation of the fact that during the last three years, at each new session, students have been enrolled who have come purposely to be trained as teachers of sub-normal children, whilst others who originally had other aims in view, have, during their training with us, discovered their vocation in this branch of work. Their curriculum, although not yet completed in its final form, is based on the same principles as are the other courses, and includes both lectures and practical work.

The *lectures* in the Institute's Syllabus which are of special interest to those specialising in sub-normal children can be classified under various heads. First of all those which are common to all courses of training:—

- (i) Psychology and knowledge of the normal child.
- (ii) Knowledge of the sub-normal child.
- (iii) Diseases of children and school hygiene.
- (iv) Moral education (including Psycho-analysis).

Next come those which we have borrowed from our training courses for the teaching of young children and child welfare work. From the former we have taken lectures on the teaching of young children, training in art and manual work, and physical training: from the latter—the study of social problems as they affect

* To be obtained only from Maison Rappa, Geneva.

† "An Introduction to Intellectual and Motor Activity."

children, and elementary law. (The newly opened School of Social Science for Women at Geneva gives us most valuable help in this direction.)

This syllabus is very wide and we do not profess to be able to do more than barely cover it in the two years which are required to obtain the Diploma of the Institute. We impress moreover upon our students that their time is not to be spent merely in taking notes. Twelve or fourteen hours should be the maximum amount of time given weekly to lectures.

The *practical work* which brings them in direct contact with their subject, and above all with the children, is considered by us to be essentially the most important. This, it is hardly necessary to say, includes a continuous period spent in a "Special Class" in Geneva,—the class of which Mlle. Descoeudres is the Director (the Department of Education has from the first willingly granted our students every facility),—visits to the School for the Deaf and Dumb, and to our Nursery School (for children from three to seven years of age.) The students also study at first hand those branches of social work which deal with young children, attend medical examinations and the Psychological Laboratory, and take part in the work of the Committee for the Care of Backward Children, and in the investigations of the Central Office for Apprenticeship. All the above naturally involve home visits, and the making of enquiries, under guidance, into the circumstances of the children concerned.

Our Diploma as stated above can be gained after two years' training. At the end of the first year however, those students whose work has been satisfactory are given a special certificate, and experience has shown that this certificate acts as a very definite incentive amounting to a real intellectual gain, the value of which cannot be underrated.

It is undoubtedly true that for the education of children deprived of their birthright—work demanding exceptional qualities—no one can ever be perfectly equipped. A recent enquiry has shown us that it really demands a fourfold training in education, medicine, economics and social work. Everyone cannot be expected to specialise in all these, but perhaps it may not be without value to emphasise the fact that the encyclopædic knowledge given by a Training College to teachers of normal children is neither necessary nor suitable for teachers of the subnormal. We feel that Departments of Education would be wise to open the doors of these courses more widely to persons whose vocation is beyond dispute, and who possess special qualifications—superior to the purely academic ones of the average teacher. We have excellent students who will make exceptionally good teachers, but who do not hold their "Teachers' Certificate."

In conclusion, we should like to lay stress on the advantages that experience has shown result from training, in one and the same institution, teachers for Special Classes and those who are going to devote themselves to normal children, in Infants' and Elementary Schools. The juxtaposition of those whose interests are scientific and those who are primarily concerned with moral and social questions, tends inevitably to create and to strengthen the sense of vocation in both.

We believe that the establishment of a recognised Course of Training for Special School Teachers, as part of an Institution for Higher Education, with widely open doors, where practical and theoretical work could be harmoniously combined, is a solution to be seriously considered. We do not, however, claim that it is the only one.

Further information may be obtained from Professor Pierre Bovet, Directeur, Institut Jean Jacques Rousseau, Tacconnerie 5, Geneva.

Reports of Local Voluntary Associations.

THE Annual Reports of the Local Voluntary Associations, most of which have now been received by the C.A.M.D., present a picture of steady work carried on under increasingly difficult conditions.

The continued lack of institutional accommodation, due to the financial restrictions now imposed upon Authorities, is frequently referred to. The Warwickshire Association records with regret the enforced abandonment of a scheme for the opening of a County Certified Institution at Southam, whilst Buckinghamshire has to report the failure of the Local Education Authority to realise their hope of establishing a Residential School for feeble minded girls at Pragnell. The Birmingham After Care Committee notes a decrease in the number of cases provided for in Institutions, which is particularly deplorable in view of the increased need for institutional care resulting from the prevalence of unemployment. In some areas the certification of local workhouses has afforded a slight relief to the congested situation, but Devon is the only Association which is able to report the accessibility of increased accommodation in institutions other than Poor Law. The Somerset Association and the four Lancashire Associations, however, are hoping for an early solution of their difficulties with the opening in their respective areas of new Certified Institutions at Sandhill Park and Whalley.

Discouraging as the situation has been however with regard to the problem of institutional accommodation, the reports show that, as a general rule, activity in other directions has been unabated.

Five Associations—Essex, Ipswich, Portsmouth, West Lancashire and Somerset—have now established Occupation Centres for low-grade defectives, whilst two independent ones are also available for the London area. Three are open every week-day, the others on either two or three days. It is felt generally that such Centres fully justify their existence, although the smallness of the average attendance, due to difficulties of transit, is frequently commented upon in the reports. One of the London Centres solves this problem by the provision of "guides" to escort the children backwards and forwards, but this of course involves additional expense and trouble. Two other Associations—Oxford, and Willesden—hope to be able to start Centres during the next few months. The Wiltshire Association also had got plans in train for one at Salisbury which was to be run in co-operation with the Local Education Authority; unfortunately however, its opening has had to be indefinitely postponed owing to technical difficulties imposed by the Board of Education's Regulations.

The Association for Central Lancashire has recently started at Blackburn a very successful Class for ex-Special School girls who are unable to find work, and hope to follow it up with the opening of a workshop for boys. The Leeds Voluntary Committee also note in their report a similar proposal.

That some such provision is urgently and increasingly needed is indicated by the reports of the Leeds Committee and the Birmingham After-Care Committee, both of whom keep careful and detailed records with regard to employment. Their returns in each case compare unfavourably with those of the preceding year, showing a decrease in the number of ex-Special School Children able to obtain remunerative work.

The problem of the "Borderline" case is as far as ever from solution, although several Associations—undaunted by the present lack of facilities—have made heroic efforts to deal with the individual cases referred to them. The report of the West Lancashire Association contains some interesting observations on the type of home from which their "Borderline" girls came, but the numbers are of

course too small to enable any scientifically valuable conclusions to be based upon them. The East Sussex Association has regretfully to record the closing of its Training Home at Kemp Town, owing to financial difficulties, but efforts to raise enough money to re-start it have not been abandoned. During the fifteen months of its existence nine girls have passed through it, of whom four are now in service, two are undergoing further training, one has returned home improved, and two have been certified. The London Association continues to arrange systematic medical examinations and reports a total of 53 cases seen by its honorary medical advisers during the year.

Sound work has been done by several Associations in connection with criminal defectives, and the reports show that the services of Dr. Potts in arousing public interest in the subject have been freely taken advantage of. In Warwickshire, as a result of a meeting to which the County Justices and medical officers appointed under the M.D. Act, were invited, the magistrates have been empowered to engage a mental expert to examine any specific case where doubt as to mental condition exists. The Yorkshire Association records that in its area all Police Court Cases in which mental deficiency is suspected are referred to them for enquiry. If the necessary evidence is forthcoming, the case is then examined by the Medical Officer of the M.D. Committee, in order that action under Section 8 may, if necessary, be taken. This arrangement has worked smoothly and has effected an economy of time for the M.O. by ensuring that only cases in which certification is likely to follow are sent to him. A somewhat similar arrangement, with equally good results, is in force in the area of the Essex Association, where the services of a specially appointed mental expert are available in all the Petty Sessional Divisions. Several other Associations have made special efforts to emphasise the importance of the question, and have directed the attention of the authorities to the need of appointing mental experts in connection with the Courts.

In spite of the exigencies of national and local finance it is encouraging to note that six Associations report an increase in the amount received from grants from official bodies.

Other interesting developments mentioned in the reports such as the organisation of "Wolf-cub packs" by the Cambridge Association, and the London Association's extension of work in connection with the Education (Choice of Employment) Act, have already been recorded in these columns.

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The Board of Control's Circular.

On August 9th a circular letter was sent to Local Authorities by the Board of Control stating that the further restriction of work under the Mental Deficiency Act is being considered by the Government with the object of effecting large reductions in expenditure.

The letter goes on to state that the Government's final decision may involve a reduction in the approved Estimate for the remainder of the financial year, and that it will be impossible for the Board to contemplate any increase in grants to Local Authorities either for this year or next.

They therefore urge upon them the necessity of drastically restricting their activities to the dealing only with "urgent" cases, a definition of which they append.

Local Authorities are further enjoined to make enquiries with a view to ascertaining what cases already in institutions can be "suitably discharged," in

order that in this way vacancies may become available for new "urgent" cases without the incurring of additional expenditure.

The definition of "urgent" cases is as follows:—

(i.) Women coming within Section (2) (1) (b) (vi) of the Mental Deficiency Act, if they are likely to take their discharge from Poor Law Institutions. The urgency is increased if they have venereal disease.

(ii.) Young women now at large or about to leave institutions, (Poor Law or other) who have no home, or bad homes, and are in danger of corruption.

(iii.) Children about to leave Special Schools with no decent homes to go to, and unable to protect themselves.

(iv.) Youths who are a source of local corruption.

(v.) Industrial and Reformatory school children who are found to be defective and need control, and any other cases subject to be dealt with under Section 8 or 9 of the Act.

(vi.) Children of low mentality who, on account of faulty or pernicious habits, are an intolerable burden in their own homes or are unfit to associate with other children there, and would not be appropriately placed in a Poor Law Institution other than one approved under Section 37 of the Act.

(vii.) Defectives, the subject of epilepsy whose fits are so frequent or severe, or whose habits are so faulty, or otherwise such as to render them unfit to associate with normal children, and who would not be appropriately placed in a Poor Law Institution other than one approved under Section 37 of the Act.

The position created by this circular is a serious one and demands the earnest attention of all who are interested in work for the mentally defective.

No one can reasonably claim that whilst "economy" is the order of the day in all other branches of social activity our particular branch merits exception; it must suffer in the same way that for instance, work for the tubercular or for maternity and child welfare is called upon to suffer. The Board's list of "urgent" cases does too, appear to cover all those which from the point of view of the *community*, it is necessary to continue to deal with, for although it omits defectives who by reason of rough and unsympathetic home treatment need institutional care for their *own* sakes, this class is shown by experience to be so small that it can perhaps hardly claim express mention.

We might therefore accept the "urgency" definitions themselves, but what we wish emphatically to point out is that they are rendered entirely nugatory by the paragraph of the Circular which states that under no circumstances will it be possible to allow Local Authorities increased grants and that it may be even necessary to reduce the estimates already approved. It must therefore follow that whilst in theory "urgent" cases are excluded from the operation of the new embargo, in practice they will have to be left undealt with. For everyone who has had any experience knows that their number must greatly exceed the number of vacancies available (if these are to be limited to the ones created by the death or discharge of defectives already under care), for practically all Local Authorities have, as it is, as many cases in Institutions as their current estimates will allow them to maintain.

It therefore seems to us of vital importance that, in this particular direction the hands of Authorities should not be tied, but that they should be left free to provide the necessary care for *all* their urgent cases in whatever way they are able to do so and whether or not it involves additional expenditure. After reading through the list of definitions it is impossible to believe that the policy enjoined

by the circular can lead to true economy, for not only will it involve unnecessary suffering from the point of view both of the community and of the individual but it will also defeat its own ends by resulting in the ultimate spending of actually more money than would otherwise have been spent. For urgent cases if they are not dealt with permanently and systematically by means of the Mental Deficiency Act, will have to be dealt with temporarily and spasmodically by other methods at once more costly and far less effective.

This limitation imposed on Local Authorities, which will have the effect of preventing their dealing with "urgent" cases, seems to us to create a situation of such gravity that the C.A.M.D. at its Annual Meeting on October 20th, is giving the question a prominent place in order that a policy in regard to it may be formulated, for whatever that policy may be it is essential if it is to bear any fruit that it shall be pursued in close co-operation with all the other Authorities and Societies concerned.

In the meantime we shall be glad to hear of concrete instances of effects already produced by the Circular, particularly of "urgent" cases with which Authorities will now be unable to deal owing to the fact that they have reached the end of their grants and so cannot possibly provide institutional care even though vacancies may be available.

Legal Notes.

A DECISION in an interesting case of difficulty in determining "residence" under Section 44 (3) of the Mental Deficiency Act, was given on August 3rd, by the Worthing Petty Sessional Court in dealing with an application by the London County Council for the transfer of liability for maintenance of a defective from such Council to the West Sussex County Council.

The facts of the case as reported in the "Poor Law Officers' Journal" (September 9th) may be briefly stated as follows:—

The defective resided in Sheffield from her birth in 1888 to April 1911, when she came to London, residing there until January 1916. She was then sent under the Mental Deficiency Act to St. Mary's Home, Alton, where she was maintained by the London County Council. In April 1918, she was discharged and supported herself in service in London until April 1919. She then returned to Sheffield where she at once found her way to the Workhouse. Correspondence as to her ultimate disposal thereupon ensued between the London County Council and the Sheffield Town Council. Four months later—August 7th 1919—she was, at her own desire, re-admitted to Alton as a voluntary case. She was thence transferred to a branch institution—the House of the Holy Rood, in Worthing—and was eventually, on August 24th 1920, re-certified under the Mental Deficiency Act. At the instance of the Board of Control the proceedings for certification were taken by the West Sussex County Council, and the Certifying Magistrate found that she "resided" within the area of the London County Council upon whom accordingly her maintenance devolved.

Counsel for the L.C.C. submitted that the liability ought to be transferred to the West Sussex County Council—in whose area the defective was residing on August 24th 1920, when she was certified. He contended that the fact that the Home of the Holy Rood was a Certified Institution was immaterial, inasmuch as the woman was not residing there as a certified defective, and that the case was covered by the decision in *Berkshire County Council v. Reading Town Council* (1921)*, where the argument that mere physical residence was sufficient was adopted by the Court.

* See "Studies in Mental Inefficiency," July 1921, p. 60.

Mr. Herbert Davey, for the West Sussex County Council, contended that the application ought not to succeed, but that if any alteration was made the liability should be transferred to Sheffield where defective admittedly resided before she returned to Alton. The facts in the Berkshire case showed several years' residence of a backward girl in a non-certified institution which afterwards became certified; but the defective in the present case was a person who had already been certified when she returned to Alton, and whose re-certification was obviously only a matter of time. The Legislature never intended that a Council should be able to get rid of its liability by means of the removal of a certifiable person pending certification to another area. The correspondence showed that the real dispute was between London and Sheffield. West Sussex was only brought in by a letter from the Board of Control asking the Council to present a petition. The decision in the Berkshire case was not intended to cover every case of physical residence of a defective, otherwise a county lunatic in an asylum situate outside the area of chargeability would, if dealt with as a defective under Section 16 (2) of the Mental Deficiency Act, become chargeable to the area in which the asylum was situate, without any change of physical residence.

The Magistrates after retiring gave the decision that the defective resided in West Sussex, and made an Order for the transfer of liability to the West Sussex County Council though refusing to make any order as to costs.

News and Notes.

Seventh Annual Report of Board of Control.

In their Report recently issued it is stated that the total number of defectives under care on 1st January 1921, was 12,026 (State Institutions, 276; Certified Institutions, 7,421; Section 37 Institutions, 3,434; Certified Houses, 288; Approved Homes, 256; in single care, 351), an increase of 1,897 as compared with the previous year; it is pointed out however, that this increase must be regarded as insignificant in view of the numbers that still remain to be dealt with.

With the cessation of war conditions an effort was made to encourage Local Authorities to frame schemes for increased institutional accommodation, and a good many responded to this appeal. Unfortunately however, the increasing need for economy soon led to renewed restrictions of expenditure and the consequent refusal of the Minister of Health to consider any further schemes of the kind.

On December 31st 1920, there were in State Institutions 276 patients, of whom 92 were at Farmfield and 184 at Rampton. Authority has been obtained to extend the existing accommodation for female patients at the latter Institution, and the Board had contemplated the closing of Farmfield with a view to providing for all their patients in one institution. It is feared, however, that this latter part of the scheme will have to be postponed for the present.

It is interesting to note that the Board has closely concerned itself with the question of the best methods of treatment of this class of defective and with the whole problem of the nature of moral imbecility. Are these inmates of State Institutions, it has asked itself, all true congenital defectives? Or are some of them not defective at all, but ordinary criminals who have deliberately chosen to take the risks of their anti-social conduct?

In the hope that some light may be thrown on this question the Board arranged a conference of mental experts at Rampton, when a full discussion took place and illustrative cases were examined. The meeting confirmed the Board in their view as to the wisdom of their policy of granting trial on licence or transfer to other

institutions in the case of patients who after a period of care, re-act normally, and it was of such help that it is proposed to hold others at short intervals.

With regard to ordinary Certified Institutions the report records the opening of six new ones during the period under review, making a total number of 65 available at the end of 1920, containing 7,421 patients. It expresses satisfaction at the progress made in regard to the general management and training given in the majority of Institutions, but urges upon managers not to rest content with their efforts but to use the present pause to perfect their methods, more especially as regards the selection of suitable staff—a matter of supreme importance—and the provision of adequate occupation and recreation for the patients under their care.

During the year, 31 new Poor Law Institutions were approved under Section 37 of the Mental Deficiency Act, making a total of 142, and negotiations were entered into with regard to 26 others. In view of the existing situation the Board advocate the still further extension of this method of providing accommodation, which, if care is taken to give the patients suitable occupation and amusement, need not be considered to involve any hardship, particularly if regarded as a purely temporary expedient. The weaving established at the Trowbridge and Melksham Poor Law Institutions* is cited as an instance of what can be done in this direction.

The difficulty of securing accommodation for low grade children receives special emphasis in the Report, and the Board have pressed the Minister of Health to sanction the approval of certain specially selected Poor Law Institutions to be set aside for the purpose. The Minister is reluctant to take this step as it is contrary to his general policy with regard to children in Poor Law Institutions, but it has been pointed out to him that the case of the low grade defective whose chief need is nursing care, is not on a par with that of the normal, healthy child.

Whilst necessarily enforcing a restricted administration of the Mental Deficiency Act at the present time, the Board emphasise the great importance of the work, as will be seen from the following paragraph from the report:—

“The Board deeply regret the necessity of postponing the provision for defectives, especially as during a time of poverty and unemployment the evils which arise from the neglect of the mentally defective are always more acute. When employment is restricted it is naturally the feeble and inefficient who are first out of work, and the cessation of regular work is often with the mentally deficient the first step towards anti-social behaviour and crime. Everyone must recognise that the present is a time when any additional expense to the already over-burdened ratepayers is serious, but it must never be forgotten that the birth and maintenance of the illegitimate children of the feeble-minded involve an increase of expense in the future, and until further provision is made this charge on the community cannot be decreased. Moreover, at the close of a great war it is much to be feared that the presence of a large number of unprotected feeble-minded women in the country will materially add to the spread of disease. It is for these weighty reasons that the Board have urged Local Authorities to make full use of the accommodation already in existence, and to do their utmost to be ready to embrace the first opportunity of providing further institutional care the moment the financial restrictions are removed.”

Copies of the Report (price 1s. 6d.) can be obtained from H.M. Stationery Office, Kingsway, W.C.2.

Report of the General Board of Control for Scotland.

In the Seventh Annual Report of the General Board of Control for Scotland, which has recently been issued, the Commissioners state that they have been im-

*See p. 89.

pressed with the growing desire manifesting itself for a reform of the Lunacy Acts at the earliest possible date, and a section is devoted to the question.

Among the reforms advocated are the abolition of the terms "lunatic" and "asylum" and particularly of the application of the word "pauper" to patients who are compelled to resort to treatment in public asylums; the establishment of Psychiatric Clinics; and that the provision for "voluntary boarders" should be extended to patients who are unable to pay for their own maintenance.

No new institutions for defectives have been opened during the year though some temporary provision in Poor Law and other Institutions has been made for a limited number of urgent cases, whilst 145 (of whom 38 were children) have been placed under Guardianship.

At the present time there are in Scotland nine Certified Institutions providing for 1,477 defectives, and the Commissioners express the opinion that no great advance in the operation of the Mental Deficiency Act can be made until it becomes possible for Local Authorities to provide new institutional accommodation.

New Special Schools.

The Board of Education have recently issued a revised list of Special Schools in England and Wales. Since the publication of the previous list in 1920, four new Day Special (M.D.) Schools have been opened—at Enfield, Rugby, Harrogate and Wrexham—and one new Residential School at Dinsdale Park, Durham.

Sandwell Hall is now no longer certified by the Board of Education.

In this connection we may also record that the Monyhull Residential School has now obtained the sanction of the Board of Education for the admission of cases sent by Education Authorities other than the City of Birmingham.

C.A.M.D. Council Meeting.

At the meeting of the Council of the C.A.M.D. held on July 18th 1921, the following Resolution was carried:—

“That the name of the Association be changed from the ‘Central Association for the Care of the Mentally Defective’ to the ‘Central Association for Mental Welfare.’ ”

The Resolution will be submitted to the Annual Meeting of the Association on October 20th, and we shall refer to it at greater length in our January number.

The question of a change of air for defectives in small Homes was discussed by the Council, and it was agreed that the Hon. Secretary should make preliminary enquiries among the Committees of such small homes as to the possibility of combination for the purpose of providing holidays for the girls under their care.

Another important matter before the meeting was the position arising as a result of the Resolution passed at the Conference of November 1920, urging the withdrawal of the legal obstacle which prevents the combination of Local Authorities under the Mental Deficiency Act and Local Education Authorities in providing Joint Institutions. To this we refer below.

Provision of Joint Institutions by Local Authorities under the Mental Deficiency Act and Local Education Authorities.

It will be remembered that at the Conference on Mental Deficiency held in London in November 1920, Mrs. Hume Pinsent (Commissioner of the Board of Control) read a paper in which she stated that it had been recently ascertained from the Law Officers of the Crown that it would be illegal for Local Authorities under the Mental Deficiency Act and Local Education Authorities to combine for the purpose of providing a Joint Institution. The following Resolution was then carried:—

“This Conference is of opinion that there should be no legal obstacle to a combination between Local Education Authorities and Local Authorities under the Mental Deficiency Act for the purpose of providing joint institutions certified by both the Board of Control and by the Board of Education for all grades and types of defectives, and asks H.M. Government to introduce any necessary legislation.”

This Resolution was forwarded to the various Government Departments concerned and the position arising therefrom was considered at the last meeting of the Council of the C.A.M.D. when it was reported that on March 16th 1921, the chairman, (Mr. Leslie Scott), had received a copy of a letter which had been sent by the Treasury to the President of the Board of Education on the question raised by the Resolution. The opinion expressed therein was to the effect that it would be undesirable to introduce the legislation advocated as it would be likely to give rise to the controversial problems underlying the whole situation which could not be conveniently dealt with at the present time. There would moreover, it was considered, be serious parental objections to any proposal to send educable children to Institutions certified under the Mental Deficiency Act, and in any case, owing to the improbability of constructive work on a large scale in connection with new institutions being undertaken during the next few years, the matter was not one of immediate concern.

Strong opposition to the opinions expressed in this letter was voiced at the meeting, and several members present who had intimate connection with existing institutions certified both by the Board of Control and by the Board of Education, showed that practical experience did not bear out Mr. Fisher's contention as to the parental objection likely to be felt to Joint Institutions of the kind proposed.

It was finally agreed:—

“That Mr. Leslie Scott, supported by such members of the Council with practical experience of the advantages and of the difficulties of joint institutions as he may consider necessary, see the Minister of Education on the subject of the Conference Resolution, and report to the Council.”

A letter has accordingly been forwarded by Mr. Leslie Scott to Mr. Fisher stating the case afresh in detail and asking him to consent to receive a deputation on the question of introducing the legislation desired.

Lilian Greg Centre. Second Annual Report.

The second Annual Report of this Centre is interesting reading, showing, as it does, how much can be achieved where enthusiasm and determination are great enough.

The scope of its activities has considerably widened, and its aims now include, in addition to the maintenance of the Occupation Centre:—

(a) The provision of holiday camps, treats and convalescent treatment for defectives of all grades living in Islington and Finsbury.

(b) The provision of workers willing to deal with defectives as secretaries or workers on Care Committees on the seven M.D. Schools of the district, or as helpers at play centres or clubs for such children.

The report shows to what a large extent it has been possible to realise these aims.

“There are 25 children on the books of the Occupation Centre, and there has been a regular average attendance of 21. This number might be increased to 30, if it were not for the expense of guides to take the children to and fro. In many cases the parents find great difficulty in being free to do so themselves.”

“The Committee have this year shared a teacher with the Centre running at Toynbee Hall, paying £150 of the salary and Toynbee Hall Committee paying

£50. The number of children attending the Toynbee Hall Centre is 15, so that the cost of the teacher works out at £5 per annum per child."

"The children who have attended the Lillian Greg Centre for some time can now speak clearly and intelligibly, obey directions, dance and do simple hand-work easily. They are able to carry out in the holidays and in their own time, work begun at the Centre."

"Two boys who were almost unmanageable, and who it was feared would have to be excluded, have settled down into obedient and reliable members of the community, and it is hoped have really learnt that self-control which will enable them to remain at home under the supervision of their parents."

In addition to the Occupation Centre it has been found possible to run one Happy Evening Class at Bath Street School and only the inability to secure other rent free accommodation prevented the establishment of similar classes at other schools. This class is attended by 10 boys of from 12 to 14, who do painting, play games and make toys in winter, and play cricket or football in the nearest park in the summer. These boys very much need the education of well-employed leisure. Two are under probation of the Court, and all are apt to get into mischief from their lack of intelligence and inability to employ themselves. In several cases, where the mother is dead or in an Asylum, this out-of-school training in employing their free time is especially valuable.

A very successful holiday camp attended by 60 of the elder boys from one of the Islington Special Schools was held for a fortnight at Whitstable, the camp being lent by the Shaftesbury Society. The boys paid 10s. a head themselves and the Special Schools Committee of the London County Council contributed £37 towards the expenses. The results were extraordinarily good, the boys deriving not only enjoyment at the time, but lasting physical and mental benefit. This success was undoubtedly due to the efforts of the Head Master and his staff who made careful and detailed arrangements for excursions, walks, lectures and amusements.

Convalescent treatment was provided for 16 boys and girls attending school and over school age. In three cases of elder boys a complete breakdown in health which would have ended in their being permanently unemployable, was arrested by this means, and all three have been in work ever since. Five of the ineducable children were sent away with their mothers to relations in the country for a short holiday.

The children connected with the Centre have in addition had several "treats" arranged for them and no less than 784 have been taken in small parties for outings on Hampstead Heath or to the Zoo.

The Centre has been able to supply voluntary workers for the Care Committees of seven M.D. Schools in its area and works in close touch with the London County Council District Organiser.

It has also been largely used by students training for work in connection with the mentally defective and has received many visits from interested persons, including several from abroad who have expressed their desire to start a similar venture in their own countries.

The Centre is however faced with serious financial difficulties as it is entirely dependant on voluntary contributions, and the Report expresses a fear that unless new subscribers are forthcoming its activities may have to be curtailed instead of increased. "With more funds" it concludes, "we could run a really interesting and thorough piece of work; we now know our material and the need, and every penny is spent with knowledge and for the children's benefit. We cannot too urgently appeal to those who realise their duties towards these little ones so handicapped in the race of life, to give liberally themselves and to strive to interest others in what we are doing."

Visitors to the Centre—St. Jude's School, Britannia Street, King's Cross—

are always welcome any morning between 9-30 and 12; and any enquiries sent to the above address will be gladly attended to by the Honorary Secretary, Miss Elfrida Rathbone.

Holiday Camp for Special School Girls.

This is a recent experiment of the Lilian Greg Centre Committee and the following account has been sent to us by one of the helpers in charge:—

“On August 20th, a party of thirty girls left Victoria in the charge of four adults to spend a week at Seaford in Sussex. The girls came from two L.C.C. Special Schools and their ages ranged from eleven to sixteen. For the majority this was their first experience of a seaside holiday, and many of them looked badly in need of one.

The promoters of the camp had rented a boarding-school consisting of one large house and an annexe, the gardens of which sloped down to the sea-front. The gymnasium, a large light room facing the sea, was used for meals, and as a play-room. The large garden was a great asset, as the girls could play freely there within sight and sound of the sea, a possibility previously unknown to most of them.

The bedrooms were large enough to hold five single beds and the idea of each girl having a bed to herself appealed to the children immensely. They all made their own beds and tidied their bedrooms, which were inspected every morning.

Breakfast was at 8-30, dinner at 1-0, while tea and supper were moveable feasts, according to the programme of the day. All the catering was done by the housekeeper, and a few girls helped each day with washing-up, clearing the tables and so on.

A gramophone provided music for dancing indoors or on the lawn, and on occasions when the children could not go out, they were kept happy and occupied with puzzles, paints, books, and fancy needlework.

A very jolly sports afternoon was spent one day in the garden. The programme consisted of races of all kinds including egg and spoon, bob-apple, needle-threading and obstacle races, and small prizes chosen by the girls themselves were given for each event.

The sea always appealed to the girls, paddling and bathing being thoroughly enjoyed by all. It was found wise to restrict the number of bathers, so that each adult did not have to be responsible for more than four children.

The Downs were within easy walking distance, and many afternoons were spent rambling over the hills.

The girls proved quite good at organising their own games, and on the whole played together very well. It was soon discovered that it was a wise plan to play some quiet indoor game before going to bed, as if the girls were allowed to romp in the garden until bed-time they did not settle down as quickly or quietly as was desirable.

Many of the girls showed a marked improvement in spirits and initiative by the end of the week, while the sunburnt faces of all showed the beneficial effect of fresh air, regular meals and a proper amount of rest.

The cost of the holiday was roughly 28s. per child, and no one who saw the children when they returned after their wonderful week, would deny that the money had been well spent.”

We understand that it is hoped next year to provide such a holiday for a much larger number of children, although limiting each batch sent at a time to not more than thirty.

Hull's New Institution.

On August 6th, the Hull Mental Deficiency Committee opened their new Institution, Tilworth Grange, Sutton-on-Hull, a house with large grounds which

will accommodate 50 feeble-minded girls and women. The lower grade cases will be housed on the ground floor and will be kept quite separate from the higher grade.

The patients are to be occupied in gardening (under the supervision of a specially qualified woman gardener), housework and laundry work, needlework, rug-making, soft toy-making, etc., and ample provision has been made for recreation, both indoors and out.

The grounds include a large kitchen-garden, a paddock and three fields, and the purchasing price paid by the Local Authority was £6,500, in addition to an estimated cost of £800 for alterations.

Cambridge Association. Change of Name.

At the sixth Annual General Meeting of the Cambridgeshire Voluntary Association for the Care of the Mentally Defective, held on April 30th, 1921, the name of the Association was altered to the "Cambridgeshire Voluntary Association for Mental Welfare."

It was decided to enlarge the scope of the work, so as to enable the Association to deal with cases of incipient insanity requiring expert medical advice or treatment, and to undertake supervision of certain cases discharged from Mental Hospitals.

The Association will work in close co-operation with the Psychological Clinic at Addenbrooke's Hospital, and with the Medical Superintendent at the Mental Hospital, Fulbourn.

As this extension of the work involves additional expenditure, the Association has issued a special appeal for funds.

We hope to refer at greater length to this new development in a subsequent issue.

Establishment of Spinning and Weaving Industry at Semington (Sec 37) Institution, Wilts.

Miss E. J. Blake, Inspector to the Wiltshire Committee for the Care of the Mentally Defective and Secretary of the Wiltshire Voluntary Association, has sent us the following account of this interesting development of the work. She will be glad to answer any enquiries for further information if addressed to her at the County Offices, Trowbridge:—

"The Wilts. Statutory Committee as soon as they had succeeded in winning the co-operation of the Boards of Guardians and had placed patients in Institutions certified under Section 37 turned their attention to the question of providing profitable employment for these patients.

It was decided that Spinning and Weaving would be the most suitable industry for various reasons, but the whole scheme was delayed owing to difficulties consequent on the War.

Spinning and Weaving were chosen because Trowbridge is still a centre for cloth manufacture and therefore much interest and help could be obtained locally. The Head of one of the cloth mills has helped the work enormously ever since it became a practical possibility.

The Guardians at Semington very generously adapted a room which makes an excellent work-room and when we were ready to begin appointed an assistant attendant with the stipulation that she should learn the Industry so as to be able to instruct and supervise the patients.

We secured 6 secondhand spinning wheels and then found an Instructress who came up and stayed a fortnight in the village, and taught the attendant and the patients at the same time; the defectives picked up the Spinning very quickly.

I ought perhaps to explain that they do not spin from the fleece, but from

“tops” supplied to us from the Mill. We decided that it would be far too difficult to start from the fleece, though that may come later on.

The defectives continued to spin for some months until we could get our looms, the wool thus spun was used in the Mill and we were not charged for it.

We next got two secondhand looms, which a local carpenter set up for us and completed, and then we found an old hand-weaver of 80 years old who was willing to go out to instruct and help whenever he was wanted.

The first piece of stuff was finished before Christmas and since then we have kept working steadily with one loom. Several of the defectives are now quite good at weaving and when work is resumed after the holidays both looms will be in use as we have plenty of orders to go on with.

The defectives are interested in the work and certainly find it a change from the monotony of housework.

The experiment has been financed entirely by the County Council and the Board of Control, but before long it ought to be paying its own way.

Of course Trowbridge is an ideal place for the experiment and we could never have carried it through unless our kind friend at the Mill had helped us by taking back the material after it is woven to scour and finish for us.”

The Care of Tubercular Mentally Deficient Girls.

The Sisters of the Most Holy Crown of our Lord (a Church of England community which is being formed under the Wardenship of the Rev. A. H. Baverstock, Rector of Hinton Martel, for prayer and work amongst all types of mental invalids), are hoping to open a small sanatorium for the reception of mentally deficient girls who are tubercular.

The Earl of Shaftesbury has most generously offered a very attractive site at a nominal rent. The land lies on the edge of a wide stretch of moorland which merges in the distance into the New Forest. It is ten acres in extent, and eminently suited to the purpose.

The Sisters hope to be ready to receive patients in the spring of next year, they propose to begin the work in temporary buildings, and probably they and the patients will sleep in open air shelters commonly used for the purpose. The first patients will probably be of the working class, no objection will be raised to the reception of advanced cases.

As the Sisters will not draw salaries, it is supposed that the institutions will be self-supporting if a fee of 20s. to 25s. is charged per week for each patient; but funds will be needed to meet initial expenses (buildings, furniture, etc.)

Any information will be gladly given, and donations accepted by Sister Mary Frances, Frithstow, West Moors, Dorset.

Howard League for Penal Reform.

The Howard League for Penal Reform (created by the amalgamation of the Howard Association and the Penal Reform League), has published this month the first number of a new annual Review “The Howard Journal” which describes itself as a ‘review of modern methods for the prevention and treatment of crime and juvenile delinquency,’ and announces its editorial policy as being one ‘in favour of drastic reform and a new and wider outlook on the problems of penology.’

The question of criminal defectives receives attention in a symposium on “The Clinical Treatment of Defective Offenders,” by S. E. Short, J.P., Dr. W. A. Potts and Dr. M. Hamblin Smith, and the journal promises to be of great interest and value to all those who are engaged in work for “inefficients.”

Copies can be obtained (post free 2s. 10d.) from the Howard League for Penal Reform, 43, Devonshire Chambers, Bishopsgate, E.C.2.

Book Reviews.

“EXPERIENCES OF AN ASYLUM DOCTOR WITH SUGGESTIONS FOR ASYLUM AND LUNACY LAW REFORM.” By Montague Lomax, M.R.C.S. (Lond.), George Allen and Unwin. 1921. Pp. 256. 12s. 6d.

This remarkable book which has been published during this year, apparently contains a detailed description of the life experienced by a medical officer in one of our asylums. That the book has given much food for thought, there can be no denial, but before accepting the lurid details—for in many ways indeed they are morbidly lurid—we would like to know the credentials of the writer and also the true motive for such a deliberate indictment of asylum administration. Dr. Lomax states that he dedicates the book to all the “insane poor in sympathy with their sufferings and in the hope of alleviating their hardships.” This book is so inscribed by the author, but on reading it through we notice that very little is mentioned with regard to any protest on the part of Dr. Lomax by reporting any evils and abuses to the authorities during his tenure of office, which apparently dates back to those dark days of the Great War. It is obvious that during those trying times, when very few if any organisations could have successfully withstood the scrutiny of an over-zealous critic, although Dr. Lomax was painfully aware of all these alleged facts, it seems a great pity he did not take an earlier opportunity of openly protesting and publishing abroad his criticisms and suggestions for reform. We accept the statement that Dr. Lomax has been a lifelong student of Psychology, but one must remember that theory without the leavening effect of matured experience, more often than not enters into conflict with actual practice and it is extremely fortunate that this indictment is not made by a medical man of matured asylum experience, for Dr. Lomax frankly confesses that his experience of institutional work covers a short period of about two years. This condemnatory attack on asylum administration is of so bold a character that after reading the book we are left in a state of wonderment as to whether such a state of affairs so gloomily described can actually exist at the present day, as in various

passages the descriptions of the conditions savour of medieval prison life.

The book contains an Introduction with twelve chapters and very fully covers the ground necessary for a detailed and critical survey in support of his views. We notice with pleasure that the writer pins great faith to the teachings of the late Dr. Charles Mercier, whom we always acknowledge as having been a brilliant psychologist, a master of logic, and a prominent and shining light in the field of psychological medicine. In these twelve chapters, Dr. Lomax in an honest and frank manner describes his experiences and he does not fear to criticise severely any defect which in his opinion requires reform. In this way, everything appertaining to the life of an individual, whether a member of the staff or a patient, comes in for its share of critical observation. The construction of the asylum building, the unhygienic wards, the lack of facilities for hospital treatment, the clothing and comfort of the patients, the weak points in the medical and nursing administration are all carefully reviewed by Dr. Lomax and one would be doing him an injustice by refusing to accept his interesting and descriptive account. On the other hand we feel that if similar unsatisfactory conditions do not exist generally in other institutions, it is somewhat unfair on the part of the writer to assume that the vivid descriptions of his experiences are typical of those obtaining at other institutions for the reception and care of the insane.

On carefully reading this book we are confronted with so many problems which require detailed discussion that it is impossible to deal with them in a short review. No doubt those who have been associated with asylum life for any appreciable length of time, will realise the difficulties which arise in caring for and treating large numbers of unfortunate patients, whose disordered minds and erratic conduct necessitate somewhat different treatment to that meted out in general hospitals, and here arises one of the greatest problems for those who administer the provisions of the Lunacy Act. It is the inability of those responsible to indulge patients with greater individual attention and treatment, owing to the fact that it would require an enormous medical and nursing staff to carry out such

generous treatment amongst two or three thousand patients, who are for the most part, difficult to handle owing to their varying moods. The presumably curable patient, we feel sure, receives every sympathetic consideration, but the patient who is either a menace to himself or to others, must of necessity be treated with rigid discipline. In any case, we are certain that this book which Dr. Lomax has written, with apparently honest aim, must receive serious attention, both from the public and from the authorities who are responsible. We consider that no stone should be left unturned in investigating such a serious charge and we look to the immediate future for a searching enquiry into the whole question and the result to be published broadcast. We must acknowledge however, that isolated instances of ill-treatment and neglect have occurred in institutions, but we know that in all cases, when possible, the offenders have been promptly brought to justice. That there is a need for reform in Lunacy Act administration, there can be no doubt, but this remodeling must be carried out by those who are experienced and are well versed with the difficulties and dangers which arise in dealing with mental patients. There is no branch of medicine into which the emotions enter more strongly, and it is well known that often singularly unhappy results are brought about by well-meaning but misguided actions of the inexperienced enthusiast.

It is a regrettable and even lamentable fact that a certain section of the Press should have so eagerly selected and published the sensational element of the story, as it has come to our knowledge that a considerable amount of anxiety and unhappiness has arisen in the mind of those who are unfortunate enough to possess friends or relatives under care in institutions for the insane. We must remember that there are always two sides to every question and for the present we are contenting our minds with a feeling that such evils and abuses recorded in this book, do not faithfully represent the actual uncoloured and unvarnished state of affairs which one usually meets with in asylum life. Although Dr. Lomax may be considered iconoclastic in his attack by some of the older school of administrators, yet most of us cannot fail to welcome the practical sug-

gestions for the establishment of an "Ideal Asylum" built and administered on the Villa system—a scheme which is by no means new and which has, for some time, been in actual practice abroad. We feel it must be the wish of all those concerned with the welfare of the insane, to see antiquated buildings and archaic methods of administration swept away and if Dr. Lomax's book will even stir the feelings of those responsible for the carrying out of such reform, it will indeed have achieved some object.

RECENT AMERICAN TESTS.

- (1) THE TERMAN GROUP TEST OF MENTAL ABILITY, SPECIMEN SET, LONDON. G. G. Harrap & Co., 2s. nett.
- (2) THE OTIS GROUP INTELLIGENCE SCALE, SPECIMEN SET, LONDON. G. G. Harrap & Co., 3s. 6d. nett.
- (3) SPECIMEN SET OF THE COURTIS STANDARD PRACTICE TESTS, LONDON. G. G. Harrap & Co., 5s. nett.

A large amount of literature concerned with mental testing is now reaching this country from America. During the recent European War, the scheme for examining, by psychological methods applied on a large scale, recruits for the American Army gave an enormous stimulus to work in this direction. To test large masses of men upon a uniform basis it was necessary to construct tests of ability which could be applied to the examinees, not orally and individually, but by means of written examination papers to large numbers working simultaneously in groups. Hitherto, most tests of intelligence, as for example the Binet Simon scale, have been applicable to one individual only at a time. It was, we believe, the work in this country, at Oxford and at Liverpool, that first showed, by carefully obtained co-efficients of correlation, that group testing could be quite as efficient and trustworthy as individual testing.

Somewhat upon the lines of the earlier Army Tests the "National Scale" was constructed for use in American schools; and now the "Terman" and "Otis" "Group Tests" have been drawn up and published. Here again the type of problem and of material adopted for the tests is very largely identical

in its general nature with that previously used for testing American recruits.

The Terman series is designed in the first instance for use in the upper classes of primary schools and beyond. A brief set of directions for giving the tests and scoring the results accompanies the test sheets.

No tables of normal standards of performances are given. The writer states that "what the teacher and principal most need to know is how the pupils of a given school or class differ from one another. The test gives us this information without reference to norms."

The Otis Group Intelligence Scale contains a primary as well as an advanced examination. The former consists mainly of pictures, and is suitable for use with illiterate adults, or with children so young or backward that they cannot read.

The Courtis Tests have a different object. Both in England and America scientific testing of arithmetic has shown that, particularly among older pupils, there is an unexpected amount of inaccuracy in the fundamentals of calculation—in simple adding, subtracting, multiplying, and dividing. To improve both speed and accuracy of simple calculation, a course of intensive drill, carefully adjusted in amount, nature, and difficulty to the capacities of individual children, is the simplest and most important means. By the aid of such drill the Courtis Tests claim to enable the teacher to bring the backward pupil up to the standard in the several operations in a minimum amount of time.

All three schemes of testing are American in form and origin. The wording, indeed, has evidently been revised to render the tests applicable as far as possible for use in England; but such revision and re-standardisation requires months, and even years, of careful statistical investigation, before it can be accepted as satisfactory. In the Otis Manual some of the tables are still given in terms of American "grades," instead of English "standards"; and it is hardly likely that age-norms obtained in America can hold good without considerable adjustment to children working in British schools. Here, therefore, is a fruitful field for research in this country. It would be interesting, for example, to

discover how far, and with what modifications, the simpler or primary examination contained in such test manuals would be useful in the hands of teachers in England for a first rough diagnosis of backward or defective children.

C.B.

"ABNORMAL PSYCHOLOGY AND ITS EDUCATIONAL APPLICATIONS." By Frank Watts, M.A. Published by George Allen & Unwin, Ltd. 7s. 6d. net. pp. 191.

One of the main difficulties met with by the teacher,—especially the young teacher—to-day is undoubtedly to be found in the attempt to establish a clear relationship between the findings of modern psychology and the practice of the classroom. Only too often the question "What use can we make of all this knowledge?" meets with no adequate answer with the result that classroom practice suffers in spite of the best intentions.

This fact is in itself sufficient to make Mr. Watts' book "Abnormal Psychology and its Educational Applications" a very welcome addition to educational literature, and the welcome becomes the warmer as we realise the admirable way in which the task is fulfilled. Taking the modern study of abnormal psychology under three of its main aspects, viz.,—the psychology of the crowd, psychopathology and the development of personality, and the psychology of the defective mind—Mr. Watts shows in a clear and concise way how the main facts revealed by them can be applied to the teaching of children—both normal and abnormal—in school.

A brief historical survey of the literature on each point affords suggestions for further reading on the subject, while of special interest to the teacher of the defective will be the sound criticism of the Montessori method and the many practical suggestions for training subnormals to be found in the last chapter.

The book is undoubtedly one which should be read by all teachers. It is short, admirably clear, and most valuable in its suggestions.

L.G.F.

"ABNORMAL PSYCHOLOGY." By Isador H. Coriat. Kegan, Paul. 10s. 6d. net.

The dramatic character of the war neuroses and the frequency of those tragic cases, mis-

named "shell-shock," aroused a strong curiosity among the intelligent public in the whole question of Abnormal Psychology. Dr. Coriat's book is not one of the many written in answer to this demand for it dates from 1910. Much of his material is consequently out of date—(the case of the multiple personality, Miss Beauchamp, has for example been presented *ad nauseam* in the last fifteen years)—and some valuable recent work was of course not available to him.

The work is a study of "dissociation or the splitting of the mind," and an attempt is made to explain all abnormal mental phenomena from this standpoint. The first part deals mainly with investigation of the subconscious by means of studies of well-known—indeed hackneyed—examples of automatic writing, multiple personality, lost memory and dreams; the second part with diseases of the subconscious, e.g., hysteria, psychasthenia, neurasthenia, etc. The scheme is quite a good one and indeed a certain amount of useful information is conveyed, but mainly, one notes, by means of copious quotations from famous authorities such as Janet, Macdougall, James, Freud, Putnam. The author's own style is so vague and turgid and his use of scientific terms so slovenly that it is often difficult to make out his meaning. "The student of diseased conditions," he writes, "looks upon the subconscious as a derangement of certain functions of the nervous system; to one interested in the functions themselves, the subconscious means an inability to reproduce at will the images of past experiences." The bewilderment induced by this passage deepens as one reads on.

A word must be said on the author's treatment of psycho-analysis as he is expressly claimed as an expert in the publishers' notice on the wrapper. The subject is certainly often mentioned in the text but it is impossible to imagine that the author has ever read his own quotations from Freud. The Freudian theories of the development of the emotions, and the importance of the affections of the child are practically ignored and appear unknown to the author. His treatment of dreams is farcical. Further, Dr. Coriat's so-called analyses of his own patients (by free association, hypnosis or dreams), end where a

real analyst would begin, for he is triumphant and satisfied if he discovers some incident associated with a symptom, and regards it as the root cause of the whole disease. Thus a very severe case of hysteria is attributed to the fact that the young woman patient one night heard her sisters quarreling in the next room. Three days later her fits began! This is magnificent but it is not psycho-analysis and we feel that the publishers owe the public an apology for that wrapper.

For the lay reader who wishes to have a clear understanding of the abnormal mind Dr. Bernard Hart's lucid and simple little book on the "Psychology of Insanity," and Miss Barbara Low's "Psycho-Analysis," are still without rivals.

L.D.F.

PSYCHE. A Quarterly Review of Psychology in relation to Education, Psycho-Analysis, Industry, Religion, Social and Personal Relationships, Aesthetics, Psychical Research, etc. (Incorporating *The Psyche Research Quarterly*). Kegan, Paul, Trench & Trubner & Co., Ltd. Price 5s. net.

If the first numbers of the new series of this magazine is an indication of what we may look for in the future, there can be no doubt that it will cover a very large field, and it should therefore appeal to a wide public.

The first number includes articles on The Interpretation of Dreams, The Psychology of Exploration, Scientists and Psychical Research, The Homing Instincts in Dogs, Sleep, The National Institute of Industrial Psychology, First Steps in Psychology and—which the readers of our paper will probably find the most interesting—on Criminal Responsibility by Dr. E. Prideaux. This suggestive and thoughtful contribution, deals with a particularly difficult subject involving as it does the psychological, medical and legal aspects of crime, and indicating the lines on which a solution of some of our present difficulties may be arrived at, thus giving us hope for the future.

It may be objected that the wide range of subjects covered in this publication tend to make the treatment of some of them very slight, but for the person who has no time for reading the more highly specialised periodicals

there is considerable interest to be derived from getting a bird's eye view of many aspects of the important psychological problems which are to-day receiving so much attention.

THE DREAMS AND DAY DREAMS OF A DELINQUENT GIRL. By Cyril Burt.

These are two papers specially reprinted from "The Journal of Experimental Pedagogy and Training College Record." They consist, as the title indicates, of a detailed account of the writer's analysis of a concrete case which is recorded for the purpose of illustrating the nature of the technique of psycho-analysis, and drawing attention to the chief generalisations which its use has suggested.

The case described is one specially chosen on account of its comparative simplicity and the way it exemplifies, within a narrow compass, most of the commoner facts and crucial inferences upon which psycho-analysis is based.

The subject of the analysis—a girl of 16—was brought to the writer with the supposition that her unsatisfactory behaviour must be due to mental abnormality. She was a domestic servant and her alleged delinquencies included lying, sleeping out, pilfering and persistent slovenliness in her work. Her mother was a respectable woman, but the father was said to be dishonest and a heavy drinker, and had not lived with the family for years. Although there was a record of backwardness at school, a Binet Simon Test revealed a mental age of 13.2, and in certain practical tests she appeared distinctly above the average of her social class. It was therefore at once made manifest that her delinquent behaviour could not be attributed to "mental deficiency" properly so-called, and that it was her character and not her intelligence that demanded psychological examination.

In the first paper two dreams and their analysis are recorded in detail. The shortness of this notice precludes any account of the process; suffice it to say that it involved the reconstruction largely by the patient herself—of her early emotional history and the origin of her later aberrations of conduct, this in its turn resulting in the furnishing of a working explanation of those aberrations, revealing

them as the "irrational outcome of thwarted emotional tendencies" dating back to earliest childhood and common to all mankind.

"With her dreams thus analysed and her past thus reconstructed the girl herself came to understand as she had never before understood, or troubled to understand, the real aim and origin of her caprices." What then the writer asks, here touching the vital issue of the matter, was the effect upon the child? The answer is of profound interest and shall be quoted in full:—

"The main delinquency—namely, pilfering, together with the general attitude behind it of antagonism to society, disappeared entirely. From the date on which these dreams were finally analysed she never, so far as I have been able to ascertain, stole, or was suspected of stealing. In other respects, indeed, as I shall note in another connection, her conduct was not entirely satisfying. Nor do I believe that the analysis and its immediate consequences were by any means the sole factors contributory to this partial reform. Yet one fact seems sure. Before the analysis her misdemeanours seemed inexplicable, alike to those who knew the girl and to the girl herself. After the analysis they became intelligible, and suddenly and finally ceased."

The second paper contains an analysis of a characteristic "step-mother" day dream of the same patient, which is then discussed as an illustrative type of the persistent fantasies of childhood. This paper should be of special interest to teachers as it throws light upon certain problems of mentality and behaviour which are met with in every class room.

The writer concludes with a reference to the analogy between the "step-mother" type of fantasy with which he has dealt and the traditional myths and legends embodied in popular fairy tales, "the day dreams of a people." Upon this aspect of the subject he proposes to concentrate in a subsequent paper.

"SCHOOL HYGIENE." A Quarterly Review for Educationalists and Doctors. Adlard & Son & West Newman, Ltd., 23, Bartholomew Close, E.C.1. Price 1/6 per copy.

The August number of "School Hygiene"

contains an interesting article by Dr. F. C. Shrubbsall, Medical Officer to the London County Council Education Committee, on "The Ascertainment of Mental Defect." It describes in some detail, for the guidance of School Medical Officers, the factors which should be taken into account in examining a child alleged to be mentally defective, and the Mental Tests which experience has proved to be of most value for the purpose.

The subject of classification is dealt with and various illustrative tables are given.

The writer concludes with a timely reminder to the Certifying Officer of the influence of environment which must, he urges, in cases of moral delinquency always be taken into account, and "unless he feels that under a similar environment and with a similar upbringing he would have acted very differently he will be slow in assessing the responsibility of his fellows."

The paper has been reprinted as a separate pamphlet and copies can be obtained from the publishers of the review.

The October number of "The British Journal of Inebriety" (Balliere, Tindall & Cox, 2s. 6d. net.) contains two articles of special interest to workers amongst mental defectives, viz.: "Alcoholism and Mental Defect" by W. A. Potts, M.A., M.D., and "Conclusions based on Results of a Statistical Inquiry on the Prevalence of Alcoholic Intemperance in the families of Mentally Defective School Children," by Robert Hughes, M.B., M.P.C., School Medical Officer, Stoke-on-Trent.

Recent Publications.

Psychology, Psychotherapy, etc.

- DELUSION AND DREAM. By Prof. Sigmund Freud. Translated by Helen M. Downey. Introduction by Dr. G. Stanley Hall. Allen and Unwin. 12/6.
- THEORIES OF THE NEUROSES. By Prof. Sigmund Freud. Translated by Dr. H. Hitschmann. Preface by Ernest Jones. Kegan, Paul. 10/6.
- THE BELOVED EGO. By Wilhelm Stekel, M.D. Authorised translation by Rosalie Gabler. Kegan, Paul. 6/6.
- THE DEPTHS OF THE SOUL. By Wilhelm Stekel, M.D. Kegan, Paul. 6/6.
- PSYCHO-ANALYSIS AND BEHAVIOUR. By A. Tridon. Kegan, Paul. 12/6.
- PSYCHO-ANALYSIS, SLEEP AND DREAMS. By A. Tridon. Kegan, Paul. 7/6.
- THE NEUROTIC CONSTITUTION. By Dr. A. Adler. Re-set English edition. Kegan, Paul. 18/-.

- PSYCHOLOGY AND THE DAY'S WORK. By Edgar Jas. Swift. Allen and Unwin. 12/6.
- PSYCHE. A Quarterly Review of applied and general psychology. 5/- per copy. Kegan, Paul. (*Reviewed in this number*).
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XXIX
70 The Mentally Unstable Child and its Needs.

BY ROBERT HUGHES, M.B. (Lond.); M.P.C.

School Medical Officer, Stoke-on-Trent.

EVERY medical officer, concerned with the duty of "ascertainment," must, often-times, have met with children who are mentally abnormal in some way, but who are not embraced by any of the legal definitions relating to mentally defective children, and for who no special provision has been made.

These constitute a miscellaneous collection which includes almost everything from a slight degree of impulsiveness to conduct approaching that of the insane.

To this ill defined and unclassified group, I have applied the designation, "mentally unstable," though the use of this term in this connection is by no means free from objection and many will, doubtless, consider it should be restricted to those showing innate excess of general emotionality (the emotional common factor);* whereas a number of my cases cannot be placed in this category. All, I think, will agree, that the legal definition of a "feeble-minded child" restricts this term to those suffering from mental defect which has existed, practically from birth and is of such quality as to interfere seriously and permanently* with ability to master the "three R's," and, consequently no child can be included under this heading who does not exhibit a serious degree of backward-

* Such is the meaning given to this term in an article entitled "The Definition and Diagnosis of Mental Deficiency," by Mr. Cyril Burt which appeared in this Journal, July and October, 1920.

† Whatever view may be held as to the significance of the absence of this word, "permanent," from the definition of a defective child in the 189 Act, has been rendered nugatory by the words, "within the meaning of the Mental Deficiency Act 1913," contained in Form 302.M.

As to whether, when applied to children, it signifies, "so long as these are legally children," or "lifelong inability," is another matter.

ness in school subjects, no matter what other kind of mental inability it may show.

Some of my cases might be regarded as covered by the legal definition of a "moral imbecile." Personally, I have the strongest objection to certifying any *child* as such, moreover the definition of this term in the Mental Deficiency Act 1913 refers to "persons" only, though the words "moral imbecile" contained in Form 302.M., seem to authorise its extension to include "children."*

Too much stress has been laid, hitherto, on ability to read, write and manipulate figures.

That proficiency in these matters is a factor making for social success, there can be no doubt. It is questionable, however, if, even in these days, it is essential to the maintenance of existence independently of supervision or external support, while ability to appreciate the effects of actions on self and others, to adopt means appropriate and proportionate to ends, and to regulate conduct in accordance with social requirements, undoubtedly is, and absence or defect of such ability constitutes a far greater menace to the welfare of the individual and of the community than any mere lack of scholastic attainments.

The late Dr. Mercier was wont to lay great stress on disorder of conduct as an indication of mental unfitness,† and disorder of conduct has been a notable feature of my cases, indeed natural law and positive law are so closely related, that the problem of mental instability is intimately connected with that of juvenile delinquency.

To attempt to review the psychological factors concerned with conduct and character formation, is to tread on delicate ground. I propose, therefore, to confine my remarks strictly to those aspects of the problem which have a direct bearing on the general line of treatment advocated.

There appears to be a tendency on the part of some to maintain that there is no distinction between instinctive action and intelligent action, no innate tendency natural to man beyond those connected with the animal instincts, and that conduct is conditioned by the activities of these tendencies and their correlated emotions, modified by influences, emotional in character, which spring from a feeling of the desirability of conforming to approved social conventions.

While admitting the profound influence of these factors, it is contended that man, in addition to the nature he shares with every other animal, has a nature which is intellective and rational, and which is so much higher than mere animal nature, that Aristotle and all the best ancient philosophers, held that man has in him something that is divine.‡ Consequently he is able, gradually, to subordinate animal impulses to a higher aim, nay to so enlist them in the service of his higher nature that, in this way, the fighter of boys may be transformed into the fighter of wrongs, and man's natural attraction to physical beauty enlisted on behalf of attraction to moral and intellectual beauty, and so to absolute good and absolute beauty, by a process of ascent like that described by Plato in the Sym-

* To any inclined to certify a young child as a moral imbecile, I would recommend a careful perusal of the chapter dealing with moral imbecility in Dr. Tredgold's book "Mental Deficiency." Baillière, Tindall & Cox.

I was informed a short time ago of a case in which a child of five had been diagnosed as a moral imbecile solely on account of a certain sex habit.

† I happen to have by me a back number of the "Journal of Mental Science" dated January 1896, in which Dr. Mercier states (p.12.):—"It is now fourteen years since I submitted to the Journal of Mental Science the doctrine that . . . disorder of conduct should enter as an integral part of our conception of what insanity is." Dr. Mercier was here describing a case in which disorder of conduct was the only indication of insanity.

‡ Aristotle appears to have meant that man, in contemplation, (*θεωρία*) being capable of attaining to ideals, and ideals, being divine things, must have in himself something that is divine. Ethics. Book. X. Ch. VIII.

posium. This natural tendency in man towards the "summum bonum" is a definite conation, an urge, and is known by the name of "rational desire."

Although the good of the higher must always take precedence, it is not contended that the good of the lower nature merits no consideration. The Stoic rule—"naturae convenienter vivere," to live according to nature, is perfectly sound, so long as the word, nature, be taken to signify *whole* nature, and not merely part of it.

The young child is incapable of discerning, clearly, the ultimate objects of either animal desire (preservation of self and species), or of rational desire (attainment to perfection); while, however, at least the proximate objects of the former are presented to consciousness in concrete form, food, drink, &c., that of the latter can only be presented, imperfectly, in the form of a graduated series of "ideals," chosen by the self for the self, but which become more and more perfected as age advances, and more and more firmly organised in the sentiments, and, hence, more and more effective as a power making for self control, and for giving reason and consistency to conduct. Now it appears to me that the salient feature about the mentally unstable consists of a disproportionate intensity of certain animal tendencies and a defective formation of this *habit* of rational control. Even the "man in the street" will describe such people as "governed by their emotions and not by their reason."

Weakness of rational control and the substitution for it of a process of emotional repression of a tendency striving to express itself in conduct, is liable to cause that tendency to become "bottled up," shut off from consciousness altogether, and to express itself in other ways by the setting up of a species of automatism, so that the mentally unstable, besides exhibiting a number of mannerisms, and other instances of the "psychopathology of everyday life," are specially liable to disorders of conduct or even a definite neurosis, such as stammering.*

Another way in which this deficiency of rational control is shown by these cases, is their inability to observe, what Aristotle in his famous definition of moral virtue termed, the "golden mean." They are as immoderate in the demonstration of their affection as of their antipathy, they are as fickle as a weather cock, and the means taken are, often, not only abnormal, but out of all proportion to the end in view. One of my cases, a boy of eleven, forged his father's signature to a cheque for £20 because he was short of sixpence to pay for his admission to "the pictures."

The following brief account affords a good instance of defective rational control:—Boys age 9, E.Q., 100, I.Q. (Binet), 104. An inveterate liar and thief. Injures himself as often as other people. Has sustained several injuries through darting, impulsively, in front of horses and carts. Sustained severe incised wound of thigh through playing with a scythe. Admitted hospital. One day tore all dressings off his wound for no apparent reason. On another threw a book at the chaplain's head while the latter was holding a service in the ward.

Some of my delinquency cases have been instances of what I have been accus-

* I am indebted to Rev. V. Moncel, S.J., Professor of Psychology, Stonyhurst, for many of my ideas as to the relationship of the "new psychology," to the old and to philosophy, ancient, mediæval and modern. The "summum bonum" of philosophers is, of course, identified by theologians with God. The following passage occurring (p. 100) in such an "ultra-Freudian" publication as Dr. Hug-Hellmuth's "Mental Life of the Child," is remarkable:—"To see God in all His glory—that is the constant longing of the child mind . . . it was out of such agitating desires as these, felt in his own childhood, that Hebbel's genius created the poem "Butensonntag." Dr. Putnam states, in the translator's preface:—"Psychoanalysis studies a certain portion of the influences, mainly in the form of passions and cravings . . . but, in the opinion of the writer of this preface, other influences still more important are at work as well."

tomed to call a "three cornered" mental conflict.* In these, the repression is essentially emotional, and based, in my own cases, on a wrong emotional attitude towards the sex question.† I have rather a striking case illustrating the influence of the condition known as "introversion" on school progress. This was a boy of twelve, for five years incapable of anything beyond standard one work. He took no interest in lessons or in play, often sat aimlessly in school long after the bell had rung, and I am informed, behaved in much the same way at home.

The introversion had been set up by adverse home conditions of long duration.

An attempt to divert attention and interest from internal phantasies to external realities by nature study, organised games, and a healthy open air life in the simple, well ordered environment of our residential open air school in the country, succeeded far beyond expectation, and, after little more than six months' residence, he is now doing work almost equivalent to that of standard four, an utterly impossible advance had there been any real innate defect of intelligence. He was well nourished and, apparently, in good bodily health.

Inability to progress at school owing to the existence of an "unconscious wish" not to learn and the consequent unconscious creation of difficulties which should not exist, is alluded to in text books dealing with psychoanalysis in relation to education.‡

Beyond the elementary procedure of ascertaining the existence and nature of a "three cornered" mental conflict alluded to above (if such procedure can be dignified by being included in the term at all), psychoanalysis has been undertaken at our children's psychiatric clinic so recently, that I am unable to express any opinion on this matter from my own observation. The history obtained in some cases, coupled with the disproportionate results obtained from purely educational tests, Dr. Ballard's, to those obtained from tests such as the Porteus tests, in which the influence of school training is reduced to a minimum, and the absence of any irregularity of school attendance, is, however, suggestive, though innate defect confined to the factor, "general educational ability," might, of course, be the explanation.§

All intellectual operations, being so closely interwoven with those which are sensory and motor, it is probable that an act which is purely intellectual never occurs in man. It is, therefore, easy to appreciate the extent to which abnormal cerebral conditions may influence intellectual operations.

The influence of physical abnormality on mentality, however, may be indirect. Anyone with experience of cripples must have met with cases where an abnormal mental state has been due, not to any direct lesion of the cerebro-spinal axis, but to the indirect influence of the "feeling of inferiority" set up by the physical disability.

I was recently consulted about a crippled boy of about sixteen, who had definite delusions of reference, apparently set up in this way.

* Dr. Healy gives a detailed account of several cases in Ch. X. of his book: "The Individual Delinquent." Heinemann.

† I have found the little pamphlet by Dr. Mary Scharlieb: "What Mothers must tell their Children" of great service in the treatment of these cases. Published by the N.C.C.V.D.

‡ For example:—Sect. "Transference and Identification," pp. 270—271 in "The Child's Unconscious Mind," by Dr. Wilfred Lay.

§ Apart from these cases, the correlations obtained between E.Q's and I.Q's and between Binet and Porteus I.Q's work out at a lower figure than was anticipated:

Binet and E.Q's— $r = .51$; $p.e. = .031$. Porteus & E.Q's— $r = .47$; $p.e. = .065$. Porteus and Binet— $r = .56$; $p.e. = .051$.

My cases, however, contain a large number of backward and mentally defective children. Results obtained from a fair sample of the general school population might give very different results. Disproportionate development is characteristic of mental deficiency.

The commonest physical contributory factors I have met with are excessive tea drinking, excessive juvenile smoking, especially of "fag ends," measles, chorea, adenoids, tuberculosis, hyperpituitarism, malnutrition, congenital syphilis and constitutional physical inferiority.*

Certain families in my district tell me that they "never take in any milk," but drink strong tea without any milk at every meal. One case, a girl of ten, a typical one of excessive general emotionality, a veritable imp of mischief and a perfect nuisance in school and out, was said to have been quite normal until she had "measles and brain fever" at the age of six. Permanent damage to the supra granular layer of the cerebral cortex may be accountable for her condition.

The influence of the endocrine glands on mentality generally, is also a very promising subject for further investigation. The influence of the physiological crises, puberty and adolescence, is too well known to need further consideration, while the most important factors of all are, undoubtedly, heredity and home environment, especially early home environment, and defective early training.

Apart altogether from the pernicious influence of bad precept and bad example, parents are slow to realize that correction by punishment is of less importance than appreciation on the part of the child of why it has merited punishment at all. This is often quite as hazy as that of the little boy who was heard to sob out:—"They told me to try and be a man and when I said damn I got spanked."

A child who is punished continually, but no pains taken to insure that it appreciates why, will soon develop the rudiments of an anti-social grudge, which, later on, may have very far reaching effects.

Some of my cases have been rendered much worse through the application of the "give a dog a bad name and hang him principle."

The general aim of treatment consists of an endeavour to instil into the mind of the child a series of definite "ideals," suited to mental and moral age (both very different things to chronological age), and so to substitute rational for emotional control, drain off superfluous emotional energy by means of muscular exertion, correct such faulty habits as may exist, both moral and intellectual, and train the child to "express itself" in conduct which is consistent and reasonable. In some cases a thorough exploration of the whole emotional life by means of psychoanalysis is advisable.

This general outline of treatment is much the same as that advocated many years ago by the late Sir Thomas Clouston, if not for mental instability generally, at least for a specific manifestation of it. In the 1892 edition of his work, "Mental Diseases" he writes:—"Cultivate enthusiasm about ideals, find ideal outlets for the affective and social faculties, eat only non-stimulating and fattening food be much in the open air and work hard. Finally, so fill up and systematize the time that none is left for day dreaming." The italics are mine.

The prognosis depends largely on the age at which treatment is commenced, the degree of general intelligence and the degree of instability shown by the patient.

In these days of "strictest economy," it would be futile to advocate the provision of any new type of institution, moreover, some of these cases may be treated successfully at home under general guidance from the psychiatric clinic.

There are numbers, however, whose presence in an ordinary school is distinctly "detrimental to the interests of other children" who, on account of school attainments, are not "feeble-minded within the meaning of the Mental Deficiency Act 1913" and, therefore, cannot be certified and dealt with as such.

These require special treatment at a residential school, as do a fair number of delinquent children at present "on probation."

* Epilepsy is omitted as epileptic children are already legally provided for.

As stated elsewhere,* I have found our residential open-air school in the country of great service in this respect. Few such schools, however, exist; and those that do, our own included, are intended for the treatment of quite different conditions.

A type of residential school already existent, which seems to me to be eminently suitable, is the Industrial School, that is, if the industrial school I visited recently may be taken as a fair sample of the rest.

At this school, the Industrial School for Boys, Werrington, Stoke-on-Trent, every child is graded and "placed" according to "mental age" as ascertained by the Stanford revision of the Binet-Simon tests, the "free system" is used as much as possible, there is an excellent series of workshops, and one of the "shows" of the school is a huge map of the district drawn to scale by the boys which coincides closely with the official ordnance map. Land surveying, indeed, appears to be a favourite occupation at this school.

Most important of all, every endeavour is made to cultivate a "class spirit" and a sense of social obligation by means of organised games in which the interests of the individual become merged in those of the "side." Waterloo is by no means the only battle which has been won on school playing fields. There are also two excellent brass bands.

Thanks to the courtesy of the Head Master, Mr. Johnstone, I was able to spend an entire day at this school and was much impressed by the good behaviour of the boys. Sullen looks were conspicuous by their absence and there was none of that flattening against walls and endeavouring to look as small as possible on the approach of a master, one has seen at some residential schools. Masters and boys are clearly on the best of terms.

The classes of children "liable to be sent to an industrial school" are defined in section 58 of the Children Act 1908 and include:—those, apparently under the age of fourteen years, who have been found begging, wandering, destitute, truanting, under care of criminal or immoral parents, frequenting the company of a reputed thief, living in an immoral home, and children whose parents or guardians declare to be beyond their control.

This category obviously includes a number falling within the class I have termed "mentally unstable," although it does not include all of these who are in need of special provision.

The great drawback to the use of these schools, for the mentally unstable generally, is the stigma attached to a child by reason of existing methods of securing admission by order of a Court of Petty Sessions. For the same reason a change of the name given to these schools would be desirable.

A scheme for the transference of these schools from the general supervision of the Home Office to that of the Board of Education, and of the means of securing admission thereto from the Court of Petty Sessions to the Local Education Authority, although involving a number of details requiring careful consideration, should present no problem which cannot be solved by the collective wisdom of the Central Association for Mental Welfare.

The time has also, surely, now come for placing all work connected with the mental condition of children and young persons in the hands of an expert able to devote his whole time to these duties. At present, such work of this kind as is carried out at all, is done either by the School Medical Officer, or where this official is also Medical Officer of Health, by the Senior School Medical Inspector, and is one of so many other duties, that the time available is totally inadequate.

* "The Psychiatric Clinic for Children." *The Child*, Vol. XI. No. 12.

The appointment of a psychological expert by the Birmingham Justices was a move in the right direction, and the work of Dr. W. A. Potts demonstrates the urgent need of the services of an expert of this kind if the problem of Juvenile Delinquency is ever to be solved successfully.

Unfortunately, in many cases in which an attempt has been made to follow the lead of Birmingham in this matter, this work has been handed over to an already overburdened official, whose activities have consequently been restricted to ascertaining whether the delinquent is certifiable as mentally defective. In many places one whole-time expert could act as mental specialist to the Local Control Authority, the Local Education Authority and the Local Justices.

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“The Fountain Mental Hospital as a Pioneer in its Relation to the Working of the Mental Deficiency Act, 1913.”

BY JAMES NICOLL, M.D., C.M., Edin., D.P.H., Lond.

As a measure of national importance the passing of the Mental Deficiency Act was regarded as a red letter day by all those who had been working on behalf of the mentally backward or congenitally deficient. Arrangements were at once commenced by Local Authorities and others in order to obtain suitable institutions and homes, while various associations, voluntary and otherwise, busied themselves in rounding up patients who came within the meaning of the Act. This preliminary preparatory period was all too short when the outbreak of the world war commenced and with it the cessation of practically all work in this connection. From 1914 onwards until 1918, when the Armistice came, the Act to all intents and purposes was in abeyance. A few—a very few—Authorities had been able to establish places for housing these patients, confined almost entirely to the moderate or high grade types of the mentally deficient, so that it was left to the Metropolitan Asylums Board to provide accommodation for the lowest grade varieties described as “unimprovables.” As an Institution for the housing of this class therefore the Fountain Mental Hospital, Tooting Grove, may be regarded as unique, as no other place exists for the admission only of the lowest grade of the mentally deficient, and it is with reference to the nature of the work done at the Fountain Mental Hospital that this paper is specially intended to deal.

That such patients should be segregated is universally admitted, as even *they* are a menace to society, and it is a matter of considerable importance to the community that the propagation of such a species should be prevented, apart from the possible danger of disseminating venereal disease. Something more however is necessary to be done for these poor specimens of humanity than merely to house and keep them warm and to provide them with sufficient food. Few are found from experience to be so mentally deficient as to be unable to learn anything from training directly, or indirectly, and still fewer are so destitute of mental capacity as to be unable to recognise kindness when freely bestowed upon them. The kind of training appropriate to each varies within wide limits. On admission many are quite unable to obviate the most elementary dangers, while the great majority are never likely to be fit to compete in the outside world with their fellows of a similar age for the purposes of making a living. Nevertheless much can be and is

being done, and such attention and care often proves to be economical—from the cost per individual point of view—in a manner causing surprise to those unacquainted with their management. It should be noted however than an institution intended only for “unimprovables” of whatever type including as they do idiots and imbeciles who may be subject to epilepsy, moral imbeciles and the feeble-minded is scarcely likely to be a “show” institution or one in which eye service counts for much, but surely those, having the care of these poor creatures are worthy of the most liberal encouragement in what may be regarded as rather hopeless and dreary work, and one which requires a high measure of patience. The nursing staff entirely consists of females, and in the selection of suitable candidates every endeavour is made to obtain persons who are especially desirous of nursing children. Preference is given to those who have had previous experience in a children’s hospital, or who have proved themselves as nursemaids well qualified to undertake such duties. They receive a three years’ course of training and are required to pass examinations necessary for the Medico-Psychological Nursing Certificate. Over these nurses are fully trained Sisters, who work in conjunction with the Matron and her Assistant, all of whom are specially qualified in the management and training of children. Here it should be mentioned that the hospital is much indebted in many ways to Miss Wilde, the Chairman, especially for advocating the trained nurse as a part of the personnel of the establishment.

Boys up to the age of nine years who are found suitable to be nursed by women, and girls up to the age of sixteen are admitted.

Before proceeding further it may not be out of place here to refer briefly to the character and structure of the building. Within a square shaped area of about 10 acres the Hospital consists of pavilions with airing courts and grass plots between each pair of wards. This arrangement permits of all the children, even the cripples who are not confined to bed, to spend most of their day in the open air, and while the weather is warm enough to take all their meals outside. The wards are arranged in pairs opposite each other, the main corridor, a covered way, dividing the bungalows.

Each ward contains 40 or more cots, and there are sixteen of these one storeyed huts altogether. They are built of corrugated iron with uralite linings painted without and within and are easily kept clean. They are quite suitable for administrative purposes and, as a noteworthy point in these days of economy, they are inexpensive to construct. The wards are well lighted by large windows on each long wall; easily heated by means of steam pipes, radiators and open fire places, and possess suitable arrangements for ventilation. At one end is an entrance door and at the other a fire escape door. The windows reach sufficiently near to the floor as to make it possible for patients to be transferred from the ward to the airing court should the contingency of an outbreak of fire occur. At the entrance portion of the ward are four rooms (1) a small kitchen, (2) bathroom, (3) store room, (4) a nurse’s bedroom. Near the middle of one of the long walls are off-shoots for lavatories and their special arrangements. About the middle of the institution is the administrative section, and also the kitchen and messrooms, the stores and an off-shoot from the main corridor leads to the laundry, the destructor and disinfecter, with the needleroom (containing electrical motor power machines) close by. The buildings at the periphery house the nurses, or are used as schoolrooms, boardrooms, nurses’ home and other purposes, while another end is used as workshops for engineers, carpenter, painter—thus forming an artisan portion. Electric light is installed throughout the building.

These defective children are not admitted from the Metropolitan area but also from the different Authorities in England and Wales by arrangement

with the Metropolitan Asylums Board who allot the beds at the Fountain Mental Hospital. The admissions being confined to the unimprovable class it is possible for any type to be received and as a matter of fact the inmates make up a heterogeneous collection of clinical entities as the most casual inspection of them would soon show. This has been recognised by those best able to judge, for during the last two years classes have been instituted with the permission of the Metropolitan Asylums Board by the Central Association of the Mentally Defective as a post graduate course under the auspices of the University of London, with Miss Evelyn Fox the Hon. Secretary, as the guiding star. These classes have been well patronised by Medical Officers of Health, School Medical Officers and others representing various Authorities. The condition of the admissions only too frequently leaves much to be desired. Certain very essential preliminaries have to be carried out, for some days, perhaps for treatment of skin ailments or other reasons, as well as for classification purposes—the latter being referable more on the basis of their mental and physical condition than to their age. They are then distributed as far as possible to equalise the work in the wards, at the same time having in view the maximum amount of possible benefit to the type of patient. Photographic records of all admissions are taken as soon as found convenient after their first week's residence is completed.

Generally speaking, the younger they are on their arrival the better are their prospects of deriving benefit, this fact being an important incentive for their early discovery. Some are not more than three years of age, but unfortunately the majority are over that age when they first come in. It is surprising how soon with training they are able to feed and dress themselves and in other ways become clean and even tidy and useful. So soon as they show themselves becoming accustomed to their new abode (a few days often sufficing), and that they are capable of taking an increasing interest in themselves and their surroundings they are encouraged to play and wherever possible are tried at school. The school-rooms, where there are at the present time between 150—200 attending, are in two sections, the junior, where a number are taught to play and amuse themselves for about $1\frac{1}{2}$ hours in the morning and afternoon; and the other for the more advanced, where they are taught the various Kindergarten exercises, musical drill and dancing, the dressing and making of dolls and mat-making under the care of a teacher nurse with other nurses to assist her. It is not to be inferred from the numbers above stated as attending school that these figures accurately represent the exact proportion of the total likely to receive educational benefit. There are infants who have not attained school age, and there are those who although they have reached school age are still infants from lack of mental and physical development. Such children may be seven or eight years of age and yet be bottle fed. Many of these show surprising progress later. In reality there are only quite a small number, who, from paralysis or extreme mental deficiency, are regarded as apparently unteachable. Even with the lowest type every endeavour is made to inculcate a habit of cleanliness. Perhaps, this simple instruction may not appear to mean much, but in practice it is found to be economical in many ways, apart from the question of making their lives much brighter and happier. Periodically the Medical Officers test the progress of the children by means of the Binet-Simon and other tests, and they are graded accordingly. Whenever the progress has thus shown them to be sufficiently advanced, a consultation between the Medical Superintendents of Darenth Training Colonies and the Fountain Mental Hospital takes place, and suitable cases are selected for the more intensive training available at the former and to which Institution they are transferred. During 1921 nineteen such transfers took place.

An ample dietary is provided of which milk and milk foods constitute the

predominant features. For these children it may be superfluous to add that both meat and fish require to pass through a mincing machine and that potato and vegetable food also require to be offered to them in a fine state of subdivision. In practice the latter are usually worked up with the meat, and beef tea is added to the mixture. In addition the older children have boiled suet pudding two or three times a week to which some form of sweetening agent—jam for instance—is added. For breakfast and tea—cocoa or tea is served with bread, margarine and jam or treacle; while the helpless and small children have bread—margarine—milk—tea sop specially prepared beforehand. In addition porridge is also served with the morning meal. A sufficient quantity of fruit is given to each individual throughout the year. The strictest attention is given to the weights of the children which are monthly recorded in a book specially kept for the purpose.

All the clothing is of washable material, and care is always taken to see that they are warmly clad, with woollen garments next to the skin, especially in the cool or cold weather, cripples and mongolians being peculiarly susceptible to cold. From this, it will be evident that a large stock must always be available for each ward, especially of small articles. This implies suitable laundry machinery to deal with these, and in order to prevent sores occurring on such delicate skins, a great deal of calendering has to be undertaken.

Recreations and amusements are beneficial in many ways, and a dance twice weekly for an hour and a half, musical drill three times a week, and occasionally other entertainments are appreciated in a manner that even creates a feeling of enjoyment to the onlooker.

Nor are their religious requirements omitted, as the Church of England, Roman Catholic, and Non-Conformists have their respective ministerial representatives.

In conclusion it is important to sound a note of warning (to avoid cause for misunderstanding) to those whose duties are concerned in advising parents and other relatives to hand over their mental defectives for the purposes of certification and detention, or for them to be placed in an institution as a "place of safety" as the good working much depends upon the confidence placed in the Management. Friends ought not to be told that the children will be returned to them after any given time, or that the Mental Hospital is of the nature of a training college, or that they may have their children out for week-ends or for holiday times whenever they express the wish; or that special treatment may be accorded any particular individual; or that travelling expenses to friends living at a distance for visiting will be provided by the Institution Authorities, as such misstatements frequently create an atmosphere of discontent and distrust having ill effects both directly and indirectly. It should not be forgotten that mentally deficient children are frequently, if not generally, the offspring of those who have inherited nervous instability, the parents and relatives themselves oftentimes being observed to be not quite normal. Visiting Officers and others acting under the provisions of the mental Deficiency Act can and often do real good service by taking the fullest possible details of the family history and of the home conditions. A special form in connection with the latter is now invariably issued, the contents of which have been found to be most useful in guiding the Official Visitors who periodically inspect for the purposes of extension or special certification, as well as to the Medical Superintendent in answering enquiries relating to questions of leave of absence or discharge.

It may have been inferred by some readers of this article that as a class the patients are repulsive both to look at and to manage, and they may be relieved to learn that on the contrary the nurses become very attached to their cares.

There are instances where a Millais might linger to find another "Bubbles," or a "Queenie" might arrest the attention of a Greuze, and although one cannot recall to mind at the moment one possessing the innocence of Reynolds's "Samuel," yet that deficiency is amply made up by numerous specimens leaning in the direction of Stanniland's "Mischief" and "In Disgrace."

The writer is fully aware that no attempt has been made to make this a scientific article, and some disappointment may be experienced that this opportunity has not been taken of indicating the lines upon which an ideal institution for mental defectives should be constructed; or that many more of the difficulties experienced in management and their solution have not been touched upon, but something will have been gained if the general principles of the daily routine of work at the Fountain Mental Hospital have been made clear.

Treasury Restrictions on Local Authorities : Campaign of Protest.

IN the last issue of this paper attention was drawn to the Circular issued by the Board of Control on August 9th, 1921, limiting, to a disastrous extent, the activities of Local Authorities under the Mental Deficiency Act. The situation thus created was considered so serious that at a crowded meeting (Annual Meeting) of the C.A.M.D. held at Caxton Hall, on October 20th, 1921, attended by representatives from all parts of the country, the following Resolution, proposed from the Chair by Mr. Leslie Scott, K.C., M.P., was unanimously passed:—

"That steps be taken to secure such alterations in the financial limitations recently imposed on Local Authorities under the Mental Deficiency Act as will enable them to deal with all cases coming within the Board's definition of 'urgent' as set out in their Circular of August 9th, 1921."

It was agreed to organise a campaign of protest against the proposed Treasury restrictions and the Chairman appealed to every member present at the meeting to bring the matter before the various Authorities represented. Voluntary Associations were asked to rouse public opinion in their respective areas by holding meetings of protest, and by ventilating the matter in the local Press, and to approach their local Members of Parliament. In areas where there is no Local Association the work would be done by the Central Association.

A summary of the progress of the campaign up to the end of the year may be of interest.

Immediately after the Annual Meeting a Statement, entitled "Mental Defectives; True and False Economy," was drawn up by Mr. Leslie Scott and sent, with suitable covering letters, to every member of the C.A.M.D., all members of the House of Commons, all County Councils and County Borough Councils and all Local Education Authorities with Special Schools. Influential people known to be interested in the subject of Mental Deficiency were also circularised and asked to use their personal influence to get the restrictions removed. As a result, resolutions of protest against the Treasury proposals have been passed, and forwarded to the Board of Control, Ministry of Health and the Treasury from 17 County Councils, 18 County Borough Councils and 12 Local Education Authorities, in England and Wales. Besides this several of the more active Local Authorities have sent "reasoned statements" to the Board of Control setting forth in detail the effect of the restrictions in their particular areas. The two

important Local Government Associations, the County Councils Association and the Association of Municipal Corporations have also passed resolutions of protest and have forwarded them to the appropriate Departments. The Association of Poor Law Unions have not passed a resolution but the proposals of the Treasury were strongly criticised at their Annual Meeting in November. Various Boards of Poor Law Guardians, and social organisations such as the Reformatory and Refuge Union, Branches of the National Council of Women, Women Citizens' Association, Women's Co-operative Guild, etc., etc., have passed resolutions and have forwarded them to the Ministers concerned.

Press notices, articles and letters from various influential people have appeared in the leading London and provincial papers. Mr. Scott drew attention to the "false economy" of the Circular in a letter to the "Times" and later another letter was inserted from members of the Medical Committee of the House of Commons. Mr. Will Thorne sent a letter to the *Daily Herald* and articles and letters have also appeared in the *Daily News*, *Daily Telegraph*, *Observer*, *Outlook* and *Women's Leader*. Three leading provincial papers, the *Manchester Guardian*, *Liverpool Daily Post* and *East Anglian Times* gave the subject a leading article and local papers all over the country have given sympathetic accounts of meetings held.

Practically all the Local Associations have approached their local Members of Parliament, and a large number of influential M.P.'s have promised active support to the campaign. Unfortunately Parliament rose before the subject could be much discussed in the House, but Mr. Leslie Scott, Brig. Gen. Colvin (Epping) and Capt. Ormesby Gore (Stafford) asked questions and were assured that the matter was receiving careful consideration. Several members have either written or spoken personally to Sir Alfred Mond, Sir Robert Horne and the Home Secretary, and Mr. Leslie Scott has personally approached the two former in addition to other influential Members of Parliament; he has also forwarded a detailed letter to the Labour Party's Advisory Committee on Public Health who are considering the whole question.

A Memorandum giving details of urgent cases which Local Authorities are now unable to deal with, and of other aspects of the serious position created by the Treasury proposals, has been sent by Mr. Scott to the Geddes Economy Committee and it is hoped that the effect of this cumulative evidence from all parts of the country will be to show the Government conclusively that—in the words of his statement circulated at the outset of the campaign—"The proposed economy is not true but false."

Notes and News.

Board of Control.

Sir Marriott Cooke, K.B.E., M.B., and Dr. Sidney Coupland, F.R.C.P. (Consulting Physician to the Middlesex Hospital) have retired from their position as Commissioners of the Board of Control. Both of them were appointed Commissioners in Lunacy in 1898 and the former, who was previously Medical Superintendent of the Worcester County and City and the Wiltshire Asylums, acted during 1916-18 as Chairman of the Board.

The London Gazette of the 18th November announced that the King has appointed Sir Edward Marriott Cooke, K.B.E., M.B., who had recently retired

from the Board of Control, to be an unpaid Commissioner of the Board of Control for Lunacy and Mental Deficiency.

Annual Report of the C.A.M.D., 1920-21.

For the benefit of those readers who have not seen a copy of the recently issued report of the C.A.M.D. we append a short summary of its chief contents.

Six new Local Associations for the Care of the Mentally Defective were formed during the year 1920, viz., South East Lancashire, North Lancashire and Central Lancashire (all at the request of the Lancashire Asylums Board), Portsmouth, Staffordshire, and Suffolk, a trained organiser being sent in each case to start the work. Arrangements were also made to start an Association in Worcester City, the prospective local Secretary coming up to the Central Office for a period of training. The Exeter Association unfortunately found itself unable to continue its work, and has now ceased to exist.

The training of workers has been actively carried on, and during the year eleven social workers came to the office for the purpose, ten of whom are now employed as Secretaries or Assistant Secretaries of Local Associations. In addition the Superintendent Health Visitor for the Durham County Council came up for a short time to gain an insight into the work, as did also an American student from the London School of Economics.

Four other students took Part I. of the C.A.M.D.'s Training Course which consists of three weeks in a Certified Institution.

Two Short Courses for Teachers of Mentally Defective Children were held on behalf of the Board of Education during the year, one at Colchester attended by forty students, and one at Manchester attended by forty-four students.

The holding of two Post-Graduate Courses for Medical Practitioners in conjunction with the University of London constituted a new development of the work. These were attended altogether by 142 students and proved a great success.

At the time of the Joint Conference of the C.A.M.D. and the National Special Schools Union held at the Church House, Westminster, in November, a series of three meetings were arranged for the Secretaries of Local Voluntary Associations, forty-one of whom were able to be present.

A course of nine public lectures was also given during the year.

A new Standing Medical Committee has been appointed to act as an advisory body to the Council on matters needing expert medical opinion.

A Special Statistics Committee was also appointed during the year to revise the form of Annual Return in use by Local Associations.

From 1st January 1920, to 31st December, 603 cases of defectives were referred direct to the C.A.M.D., and those coming from areas where there is no Local Association were dealt with in various ways.

The total number of cases recorded on the central register amounted at the end of the year under review to 22,856, this being an increase of 4,408 on the previous year.

The circulation of "Studies in Mental Inefficiency" rose during the year to 890, in addition to the sale of single copies.

The reports of 32 Local Associations are appended to the Report: these received notice in our last issue.

Change of Name of C.A.M.D.

As reported in our last issue the Council of the C.A.M.D. held, on July 18th 1921, had before it a Resolution to change the name of the Association to the "Central Association for Mental Welfare," based on a Memorandum on the subject drawn up by the Chairman, Mr. Leslie Scott, which had previously been

circulated. Considerations of space precludes its reproduction in full, but it may be summarised as follows:—

It is in the direction of the care of the defective in the community—one of the three main functions of the C.A.M.D.,—that its work needs development, for experience has shown:—

- (a) that advice and assistance for high grade and for borderland cases cannot be sought too early, and
- (b) that the number of such cases where parents and relations do not know where to apply for help and advice is infinitely larger than was ever thought possible.

It has been found that the present name of the Association tends to limit its usefulness in dealing with these cases, for the popular belief is that "mental deficiency" necessarily implies a condition of imbecility or idiocy and parents of high grade cases or of those who may be on the borderline shrink from seeking the help of the Association except as a last resource, when irreparable harm may have been done. For the same reason the following important branches of work may be instanced as being handicapped by the present name:—

- (a) *Training Homes, Schools and Institutions for children and young persons.*

Many children and young persons pass through Homes and Schools and are known to the authorities as rather sub-normal, possibly high grade feeble-minded, unbalanced, and likely to fail in competition with others. Such children on leaving the Homes would benefit by the advice of those trained and experienced in dealing with such cases, and yet the authorities of the Homes hesitate naturally to refer for help to an Association for "defectives."

- (b) *Special Schools, After Care and Employment.*

Many children leave the Special Schools without being notified to the Local Authority and the larger proportion of these are for a time at least, capable of employment, and often of good work. But help is needed to enlist the interest of employers and secure the right work under proper conditions. Employers often hesitate to take children coming from an Association with a name they completely misunderstand.

- (c) *Criminals and Persons brought before the Courts.*

Criminals and persons tried before the Courts, or in prison, who are, if not actually defective, often subnormal, are in need of special advice and treatment. Magistrates, prison doctors and others connected with the administration of the law, often hesitate to refer cases to the Association for help and advice, as unless the persons charged are absolutely certified as defectives it may hinder rather than help. In view of the general ignorance regarding mental deficiency it is clear that many persons who specially need caring for are thus lost sight of.

Amongst other considerations too which bear on the subject is the possibility that the Association may later be able to assist workers who are claiming exemption from the Minimum Wage clause of the Trade Boards Act on the grounds of "mental infirmity." It can be easily understood that its present name might be looked upon as likely to prejudice the Board and both employer and employee.

A further weighty factor in the question is the future position of the Association with regard to the home visiting of cases attending Psychiatric Clinics for the early treatment of mental disease, which are now being started in connection with an increasing number of general hospitals. Experience has

already shown that a not inconsiderable proportion of patients brought to such Clinics are mentally defective or on the borderline of mental defect. If separate workers are to be employed to visit these cases a certain amount of overlapping will be inevitable. It would therefore seem desirable that visitors of the mentally defective should be so trained as to be qualified to undertake this special visiting if asked to do so. Here again the name stands in the way.

The development of the work as set out above does not mean a new departure for the Central Association. It means a constructive and organised carrying out of the work for which the Association was originally formed, in a manner which will be recognised by the public and which will make it more efficient and more complete. No alteration will be needed in the Memorandum and Articles of Association owing to the wide lines on which they were originally drawn up.

In conclusion it is pointed out that it is not suggested that the Local Voluntary Associations affiliated to the C.A.M.D. should feel compelled to follow its lead by changing their names also: the matter will be left entirely to their own discretion.*

During the course of his remarks upon this Memorandum Mr. Scott referred to the possibility that those members of the Council who represented Institutions formerly registered under the Idiots Act might—after their long and splendid fight in support of their contention that Mental Deficiency and insanity were two different conditions which needed different legislation and treatment—look upon the proposed change as a retrograde step. He felt, however, that such would not be the case as the Association would always continue to recognise that vital distinction. As regards the new name he did not pretend that it was perfect, but after long and earnest thought it was the best they could arrive at.

An Amendment proposing that the words "and nervous" should be added after "mental" having been lost, the original Resolution was carried with one dissentient. The Resolution was accordingly submitted to the Annual Meeting on October 20th, and the decision of the Council was endorsed by a large majority.

An application to the Board of Trade for permission to carry out the change of name has now been forwarded and as soon as it is received the necessary steps will be taken.

Conference of Educational Associations.

As we go to press, the C.A.M.D. is taking part in the Tenth Annual Conference of Educational Associations held at University College during the first week in January.

Lectures are being given by G. A. Auden, Esq., M.A., M.D., D.P.H., F.R.C.P., School Medical Officer, Birmingham, on "The possibility of co-operation between the School Medical Officer and the Teacher in the Training of Subnormal and Mentally Defective Children"; Miss Lucy G. Fildes, B.A., Holder of Board of Control Research Studentship, Psychological Laboratory, Cambridge, on "The Training of Teachers for Mentally Defective and Backward Children and Special Methods of Teaching"; and Miss K. L. Marsden, Inspectress of Infant Schools, City of Nottingham Education Committee, on "The Organisation and Scope of Backward Classes."

An Exhibition of didactic apparatus, etc., used in teaching mentally defec-

*Three Local Associations have already made the change, viz.: Cambridge, Suffolk and Ipswich.

tive children, specimen schemes of work, time-tables and photographs is also on view.

It is thus hoped to bring before the public the educational needs of the mentally defective and the backward child and thereby to stimulate interest in his welfare.

By the time this journal is issued the Conference will be over, but a report of it must be deferred to our next issue.

New Occupation Centres.

Four more Occupation Centres have been opened by Local Associations during the last few months—at Willesden, York, Worcester and Barrow.

The *Worcester Centre* which was opened at the end of June, first on two days a week, then on four, has an average attendance of seven: a room was lent temporarily by the Education Committee, but upon its being required a few weeks ago, other quarters had to be found. The centre is now installed in a room at the Congregational Chapel for which it only has to pay firing and caretaker.

The expenses are met by voluntary subscriptions and the Centre is run by voluntary helpers with the assistance of the Secretary of the Association.

The *Willesden Centre*, opened at the beginning of October, is attended by seven children. It is held three half days a week in a room in the School Clinic lent by the Education Committee, and is in charge of an experienced worker with the assistance of volunteers. The Board of Control have allowed part of the grant which they give to the Association to be used to meet the expenses of the Centre, but this has to be supplemented by subscriptions and donations.

The *York Centre* opened at the end of October, and has at present an attendance of only three children; it is hoped, however, shortly to find occupations for some of the older boys and girls who are at home unoccupied and deteriorating. A loom has been purchased with that end in view and mat and rug making will also be taught if possible. A part-time teacher, trained in Nursery School work has been appointed. The expenses of the Centre are at present paid from the interest of a capital sum originally subscribed for starting a Home, but not used for that purpose. Later it is hoped to obtain voluntary subscriptions to supplement this income.

The *North Lancashire Association* have made a beginning in Occupation Centre work by holding a small class for ineducable children at Barrow one afternoon a week, a room for the purpose having been placed at their disposal by the local Board of Guardians. A similar weekly class is also being held in Lancaster in one of the rooms of the School Clinic lent by the Education Committee.

Intelligence Tests.

In the current Annual Report of the School Medical Officer to the Manchester Education Committee an interesting section—contributed by Dr. Herd, Chief Assistant School Medical Officer—is devoted to a criticism of the use of Intelligence Tests.

Dr. Herd has given special attention to tests allotted to different ages in different scales and publishes a table of his results in Manchester as compared with those of the Stanford Revision and of Mr. Cyril Burt's revised Binet Scale. He considers, however, that there is a tendency to attach undue importance to the scoring system and to the calculation of "mental ages" and "intelligence quotients," his criticism being specially directed to the following points:—

- (a) The fallacy of evaluating each test as of equal importance.
- (b) The need of more differentiation in the scoring of different types of answers.

- (c) The doubtful value of the principle of a time limit to certain tests.
- (d) The impossibility of expressing adequately in terms of scoring, the method of response to tests—a factor of considerable significance.

But even assuming that an approximately correct mental age can be arrived at by means of tests, of what practical value, Dr. Herd pertinently asks, is it? It is of necessity a pure abstraction, particularly in the case of retarded children, owing to the lack of homogeneity amongst them, and their irregularity of development, and the expression, he prophesies, will probably be discarded altogether by psychologists before many years have passed: at any rate, at the present time with tests that are admittedly imperfect, its use is both premature and fallacious.

Dr. Herd, however, does not deny that, meantime, certifying officers and teachers may find the Stanford Tests of considerable service, as if they are supplemented by other lines of enquiry they do provide some sort of indication as to whether or not a child is "educable." Amongst the "crucial" ones he would place first and foremost, the "vocabulary" test, and after that the "differences and similarities," the repetition of numbers backwards, the "pictures," the "detection of absurdities," the "dissected sentences" and the "comprehensive questions," all of which involve certain of the higher mental processes and are therefore useful for diagnostic purposes.

In the recently issued Annual Report of the Chief Medical Officer of the Board of Education, to which we again refer below, the subject of mental tests is also dealt with at some length and a table (furnished by Dr. Shrubsall, of the L.C.C.) is given showing how intelligence quotients can be used by Certifying Officers as a guide in deciding the type of education for which a child is suited. The use of three types of tests is advocated:—"Education Tests," "Intelligence Tests" and "Environmental Tests," these latter being defined as "general questions intended to elucidate the mental relationship of child to home, out of school occupations, teachers, friends, and the world in which it moves, with a view of correlating these findings with the results of education and intelligence tests, and of determining to what extent the child is likely to be able to manage for itself after the expiry of school age."

Sir George Newman, however,—while not sharing to the full the scepticism of Dr. Herd—is careful to point out that the discovery of "mental age" can in no sense be considered to be all that is needed, and he lays particular stress on the necessity of obtaining also a "clinical picture of the mental condition," a factor which, at the present time, tends to get too much thrust into the background.

Report of Chief Medical Officer to Board of Education.

In Sir George Newman's recently issued report (to be obtained from H.M. Stationery Office, 6s. net.) two sections are devoted to the subject of "Abnormal Children" and Special Schools, and much that is of value to Mental Deficiency workers is contained therein.

To take first, the statistical information:—we learn that it is estimated that there are in England and Wales 37,000 mentally defective children of whom 31,000 are feeble-minded, 5,000 imbeciles, and 1,000 idiots;* in addition probably half a million children at least are "dull and backward." The number of Special M.D. Schools is now 201 (compared with 199 last year) with accommodation for 16,123 (last year 15,825), an increase upon which we can hardly pride ourselves.

A numerical return of all "ascertained exceptional children in 1920" gives

* It is interesting to compare this estimate with that given in 1914, viz.: feeble-minded 24,000; imbeciles and idiots, 12,000.

some interesting results. Of 28,344 feeble-minded children reported, 9,389 were attending public elementary schools, 14,656 were attending certified schools for mentally defective children, 1,196 were notified to the local control authority during the year, and 3,103 were not at school. Of 4,500 imbeciles, 467 were attending public elementary schools, 652 were notified to the local control authority during the year and 3,381 were not at school. Of 870 idiots, 107 were notified to the local control authority during the year, 763 not being notified.

In this report for the first time official recognition is given to the existence of the "Neuropathic Child" for whom, as such, no special treatment is, as yet, available, although he may be regarded as suffering from a definite defect. His leading characteristics are summed up as follows:—"His behaviour may be marked by certain psychological characteristics, a tendency to quarrel, to make violent friendships, to engender bitter dislikes, to attend unduly to his bodily functions, to night terrors, to unreasonable fears, grief, abnormal introspection and self examination, and to separation from family and friends. The physical accompaniment of these psychical symptoms may include loss of sleep, constipation, diarrhœa, sickness, stammering, fainting, resentment of change of diet and scene, for no assignable reason." The proper treatment of this type of child is emphasised as being of first-class importance, as permanent mental injury may result from the use of repressive or unsympathetic disciplinary methods. On the other hand by skilful management mental stability may be restored.

Special attention has been given to the incidence of this condition at a school in a slum area in Notting Hill, and the figures show a percentage of 12 in 1912-13, rising to 31.6 in 1917-18, and falling to 18.1 in 1919-20. With regard to age incidence it might be supposed that with the approach of adolescence the numbers would rise, but on the contrary there is a material fall in the ages groups of 11, 12 and 13, the incidence being greatest at those of 9 and 10. This is attributed by Sir George Newman to the cumulative steadying effect of school-life.

Another subsection of the Report is devoted to the Dull and Backward Child who is described as a "serious factor in national life." Sir George Newman considers that the problem should be dealt with on the following lines:—

- (i) Ascertainment of the nature and extent of the problem by special methods of inspection which shall include medico-psychological examination.
- (ii) Treatment of physical defects associated with backwardness.
- (iii) Assisting in framing educational proposals for the suitable training of backward children.
- (iv) Co-operation with the health authorities in advancing domestic ideals in regard to a proper and hygienic mode of life,

and he gives a lucid account of the nature of backwardness and the factors associated with it.*

We allude above to the references to Mental Tests which are also to be found in the report.

Mentally Defective Prisoners.

The recently issued report of the Prison Commissioners for the year ended 31st March, 1921, contains some interesting information bearing on the problem of Mentally Defective delinquents.

83 male prisoners and 21 female prisoners were certified under

† In this connection, see also article on "The Elementary School and the Individual Child" in the October number of the American journal "Mental Hygiene."

Section 1 of the Mental Deficiency Act, 1913. Orders were made by the Secretary of State under Section 9 of the Act for the removal of 54 males and 8 females to Certified or State Institutions; and 66 males and 29 females were handed over to the care of Local Authorities on discharge or from the Courts. During the year, 67 reports were received of the reception of feeble-minded prisoners not coming within the scope of the Lunacy or Mental Deficiency Acts. In addition to the above, 1,348 males and 390 females were remanded to prison for mental observation and report.

During the year 22 males and 6 females were certified under Section 1 of the Mental Deficiency Act, 1913, and orders were made by the Secretary of State, under Section 9 of the Act, in the case of 6 males and 3 females for removal to Institutions for mental defectives.

The Report refers to the difficulty of securing the transference of Mentally Defective inmates of Borstal Institutions, with the result that some have to be retained for many months after they have been certified. To mitigate the inconvenience occasioned by this state of things it has been decided to collect such certified cases in one Borstal Institution where they can be segregated from the normal inmates and given a special regime. This however is recognised as being an expedient only and its enforced adoption is regarded as indicating "a grave departure from the spirit actuating the advocates of legislative control of defectives and indeed from that of the Mental Deficiency Act itself."

The Commissioners moreover, it is interesting to note, take the view that "even the provision of adequate accommodation would not remove the problem, for as long as the important operative sections of the Act remain permissive, and not obligatory, so long will these cases remain for considerable periods in prison."

Copies of the Report (C.M. 1523) may be obtained from H.M. Stationery Office, Imperial House, Kingsway, W.C., Price 9d. net.

A Mental Deficiency Act for Tasmania.

The Tasmanian Legislature has recently passed a Mental Deficiency Act in connection with the administration of which a Psychological Clinic is being set up in Hobart.

The Act is based upon our own Act, though its procedure is, of course, greatly simplified. It is interesting to note too that it accords legal recognition to the Psychologist who may give one of the two certificates necessary for certification provided that the other is given by a medical man.

Another point of divergence from the English Act is the provision by which defective children leaving *ordinary* schools at fourteen may be notified to the "Mental Deficiency Board" as well as those leaving Special Schools at sixteen; head teachers of private schools, too, are empowered to report direct to the Board defective children who appear to be "ineducable."

A Tasmanian correspondent, writing to us about the Act, states that the first task to be undertaken in connection with it is the making of a "survey of the schools for the purpose of combing out the defectives and setting up Special Schools and Classes." It is intended too, he says "to make a special feature of 'supervision,' and the Board is charged with the responsibility of providing supervision for all defectives who leave the schools at sixteen years, and who are not committed to an institution for the feeble-minded.

It will be interesting to hear at a later date how the administration of the Act is progressing.

London Special Schools Sports Association.

We have pleasure in drawing attention to the following report of an interesting development of London Special School work, kindly sent to us by the Hon. Secretary of the Association:—

The possibility of holding sports meetings and swimming galas for Special School boys has often been discussed. Everybody has felt that the boys would benefit by taking part in such competitions and in May last a meeting was held at which all the London Elder Boys (M.D.) Schools were represented, and an Association with Sir Harry Stephen (L.C.C.) as President, Mr. A. H. Hill (L.C.C. Inspector of Special Schools) as Chairman, and Mr. L. C. Beber (of Edward Street E.B. School, Deptford) as Hon. Secretary, was formed forthwith.

The intention was to hold only a swimming gala during 1921, but, owing to the kindness of Miss K. Gallwey, the ground of the Barnsbury Girls' Club was placed at the disposal of the Committee for a sports meeting.

This was held on Friday, July 8th, the ground arrangements being in the able care of Mr. W. H. Fletcher (Cloudesley E.B. School) and his enthusiastic staff. The weather left nothing to be desired and over four hundred and fifty entrants keenly contested the events, some fine performances being given. Our visitors were impressed by the splendid sportsmanship displayed; this was also shown admirably when at the conclusion of the events the President presented the challenge cup to St. Hubert's School and the prizes to the winners, for the recipients were most heartily cheered by their less fortunate fellows, and the officials are to be congratulated upon a most successful meeting.

The swimming gala was held at St. Bride's Swimming Baths on Wednesday, September 28th, and again a good programme was presented and carried out most successfully. The swimming was of a very high order, all the events being closely contested, the same sportsmanlike spirit that animated the previous contests again being shown. The challenge cup (presented by Mr. A. H. Hill) was won by Harmood Street School, whose captain received it from the Hon. Neville S. Lytton, who had kindly attended to present the medals to the winners. Miss Stone, a visitor and friend of Special Schools, was so impressed by the good feeling of the boys that she immediately offered a further trophy for competition in future years.

The Association, thus well started, is now seeking to enlarge its sphere of usefulness and a sub-committee is at work drawing up a scheme to enable the Junior (M.D.) Schools to participate in the sports in 1922.

It will be of general interest to learn that Henry Stockton, a pupil at Edward Street E.B. School, has been awarded the Vellum Certificate of the Royal Humane Society for gallantly saving the life of a boy from drowning in the River Thames in June last.

Society of the Crown of our Lord.

We have been asked to state that the Society of the Crown of our Lord—which has tried to help mental invalids of all classes since 1895—has recently decided to sever its connection with the little religious community (previously a part of it) whose scheme for a sanatorium for mentally defective girls we reported in our last issue. The community in question is changing its name in order to avoid confusion with the parent society.

Book Reviews.

“THE PSYCHOLOGY OF MEDICINE.” By T. W. Mitchell, M.D. Methuen & Co. Ltd., London, 6s. net.

This is a pleasantly written book, free from the objectionable features which have marred some recent publications on psychology. It may therefore be put without misgiving in the hands of those “who have had no professional training in either medicine or psychology, but who are anxious to keep themselves abreast of modern thought in these departments of knowledge.” They are the readers whom the writer primarily had in view. Those readers however should be told, that although the book contains much interesting and useful information, it is an incomplete and somewhat biased guide.

The author makes the mistake of stressing the therapeutic rather than the psychic side, and does not seem to have thoroughly assimilated the doctrines of Freud, which form the chief theme of the book. The theory of determinism is insufficiently elaborated. Therefore, when he comes to Jung, the fundamental difference implied by the Free Will theory of the Zurich school is not emphasised. The other differences between the two chief modern schools are dealt with, but some degree of Freudian fixation leads to a failure, obviously unintentional, to do full justice to Jung. Some Freudian theories are stated as facts; Jung’s are never so presented nor do we think it satisfactory to put Adler and Jung in the same class, and label them “post-Freudians.” Such a term is misleading in regard to both, for both are dissociated from Freud, and being no longer on the same line, should not be described as “post” any more than “ante.” Besides Jung is more dissociated from Freud than Adler, and his school seems to have attracted more followers than that of Adler. What we have said about the incomplete assimilation of Freudian doctrines applies with greater force to Jung’s work; possibly this may be due to the author not knowing where to go for help, because in the extremely short list of “post-Freudian” writings recommended for further reading we do not see the names of either Dr. Constance Long or Dr. Maurice Nicoll. Having indicated these short-comings we would again say

that in many ways the book is an attractive one.

THE NEW PSYCHOLOGY AND THE TEACHER. By H. Crichton Miller, M.A., M.D. (Jarrolds, 6s. net.)

Although Dr. Crichton Miller expressly states that this book is intended for one particular group of readers, and that two similar volumes for “The Parent” and “The Preacher” are shortly forthcoming, it is obvious that the work will be interesting and useful to a wide field of readers. In so far as his reach is so much wider than his aim, it has been difficult to help the teacher to the analytical point of view to any considerable extent.

His views on the importance and aim of psychology in education are vital and interesting, and will be of considerable value to the teacher.

The New Psychology offers many points of difference from the old. Formerly one studied definite principles, and utilized these in the preparation of lessons; and noted certain responses from children and deduced laws of normal reaction. Psychology was a tool for the teacher to use in the performance of his duties. The new psychology appears to be rather a tool for the teacher’s use in strengthening his own hand. Dr. Miller depreciates the idea of the teacher analysing the children he teaches, or assuming the functions of psycho-analyst.

To the student, the parent or the thinker in any sphere of profession this is a book dealing in a clear and erudite manner with what is far from being a simple subject. It is illustrated by concrete examples from the vast experiences of the writer and seems to embrace not only child life, but life in many other stages and complexities.

The chapters on the emotional development of the Boy and of the Girl are strikingly illuminating, and should be carefully and thoughtfully read by all parents, particularly those who have been mystified and disappointed by the apparently failing affection of their children.

“Unconscious Motive” is always a fascinating theme, and should be particularly useful to teachers who will doubtless be able to supply many examples for themselves even in the healthy normal children around them.

One notices it frequently as a normal response to instinct quite apart from any morbid situation. This work suggests a happy via media to the teacher who looks with some dismay on the tenets of those who would develop the ego in the child without discrimination and without deference to the claims of the society.

Most teachers will regret that only one chapter, the last, is devoted to educational methods and will wish that Dr. Miller had further explained his ideas on the attainments of Huxley's purpose of education with regard to thought and action in the light of the new psychology.

“AN INTRODUCTION TO PSYCHOLOGY.” By Susan S. Brierley. Methuen & Co., Ltd. 5s.

Mrs. Brierley's book is to be commended as an introduction which really *is* an introduction, giving the would-be student a bowing acquaintance with many of the problems which he will meet in embarking upon the study of psychology at the present time, and she wisely warns him at the outset against the too common confusion between the study of human nature as it is and as it ought to be, i.e. between psychology and ethics. The style is clear and purposely simple and her brief description of the various schools and branches of the subject is particularly useful to the beginner, apt to be bewildered by the apparently sharp disagreements between psychologists of the present day. Perhaps the least satisfactory of these descriptions is that of social psychology, always a difficult branch to define, for the simple reason that it is almost impossible to draw a distinction between “individual” and “social” psychology—indeed I am not sure that we shall not some day adopt a different classification and study the individual in relation to his environment according to the degree of consciousness possessed by that environment.

Her distinction between analysis proper and the broader conception of human nature which is the result of analytic work is both clear and timely. The former is a specialised method of psychotherapy, the latter a broad conception of the basis of human behaviour, a distinction frequently missed by those whose knowledge of the subject is gathered from superficial discussions in the press.

The book covers so much ground so well and clearly that it is perhaps to be regretted that room was not found for a reference to imitation, suggestion (other than hypnotic) and sympathy, especially as habit is well and fully treated. The author seems to make a definite distinction between instinct and emotion, going so far as to say that it is difficult to know where one ends and the other begins, but if emotion is, as it appears to be, inherent in the instinctive process itself, such a boundary seems hardly allowable. Another point which seems debatable is her conception of the relation of the self regarding sentiment to the ideal. Is it not the minimum or average rather than the maximum standard of conduct with which the sentiment is concerned? We may grieve over an unattained ideal but it is the sense of inferiority to what we actually believe ourselves to be, which is so detrimental to our mental well-being and so productive of mental abnormalities.

The last part of the book is a sympathetic account of modern developments in the study of the unconscious and their bearing on psychotherapy. In pointing out the value of sublimation it might have been noticed that the substituted activity should bear a definite relation to the instinct stimulated, a mere change of object is not sufficient, a point worthy of notice both in education and in psychotherapy.

There is no doubt that such a comprehensive and well balanced little book will fill a very real need and should prove of much value both to those who contemplate a further study of the subject and also to those who seek some slight knowledge of the many questions involved.

MORAL IMBECILITY.

We commend the attention of our readers to two recent contributions to the literature on this subject.

In a pamphlet entitled “The Element of Character in Mental Deficiency,” reprinted from “School Hygiene” November, 1921 (Adlard & Son & West Newman, Ltd.), Dr. Herd, Senior Assistant School Medical Officer to Manchester Education Committee, discusses the nature of Moral Imbecility, protesting against the view that it consists in the lack of a “moral sense.” He maintains

rather that its essence lies in "the uncontrolled action of strongly developed or perverted instincts" together with a defective "social instinct," rather than in an inability to distinguish right from wrong. He would in fact go so far as to abolish the term "Moral Imbecile" altogether, on the ground that it does not correspond to reality, for the possession of abnormal instincts is only one form of *mental* defect. If, however, a separate definition has to be used, Dr. Herd considers that for practical purposes the one given in the 1913 Act would be satisfactory provided that the words "characterised by" were substituted for "coupled with," Moral Imbeciles thus being described as "persons who display some permanent mental defect characterised by strong, vicious and criminal propensities, on which punishment has had little or no deterrent effect."

Dr. W. Norwood East, Senior Medical Officer, H.M. Prison, Brixton, has recently contributed to the "Lancet" a graphic and detailed account of the career of a typical Moral Imbecile who was at one time under his prolonged observation. ("A Case of Moral Imbecility" "The Lancet", 1921, II., 1052.) It merits, we think, close attention, not only for its intrinsic interest, but because it affords a touchstone by which to test the theories on the subject such as those expounded by Dr. Herd. The article has been reprinted, but unfortunately we understand that the limited number of copies published is now exhausted.

We should also like to take this opportunity of noting that Dr. Tredgold has recapitulated his views on the nature of Moral Imbecility in an article contributed to the "Clinical Journal" of Sept. 28th, 1921.

MENTAL AND SCHOLASTIC TESTS. Report by the Education Officer of the L.C.C. submitting three memoranda by Mr. Cyril Burt, Psychologist. P. S. King, 21s.

A review of this important book will appear in our April number. We regret the postponement, but considerations of time have rendered it unavoidable.

Notices.

Short Course for Teachers.

The C.A.M.D.'s Eleventh Short Course for

Teachers of Mentally Defective Children will be held in London from April 17th to May 6th, 1922. A new feature of the Course will be a special branch for teachers of Backward Classes.

For particulars apply to Miss Evelyn Fox, 24, Buckingham Palace Road, S.W.1.

Post Graduate Course in Mental Deficiency.

The Fourth Post-Graduate Course in Mental Deficiency for medical practitioners will be held by the University of London in co-operation with the C.A.M.D. from June 12th to June 24th, 1922, if a sufficient number of students register.

Enquiries should be addressed to Miss Evelyn Fox at the University of London, S.W.7.

Tavistock Clinic for Functional Nerve Cases.

A course of Eight Lectures on "*The New Psychology and its Bearing on Education*" will be given by H. Crichton Miller, M.A., M.D., at 5-30 p.m. on Fridays, beginning January 27th, 1922, at the Mary Ward Settlement, Tavistock Place, W.C.1.

Tickets for the Course,—price Two Guineas for the general public and qualified teachers, One Guinea for Students and Settlement Workers,—can be obtained from Mrs. Caird, at the Clinic, 51, Tavistock Square, W.C.1.

Studies in Mental Inefficiency, Vol. I. and II.

The Sneinton Special School, Sneinton, Nottingham, is prepared to receive orders for *binding* loose numbers of this journal in stiff paper covers at the price of 2s. a volume. Application to be made to the Head Teacher, Miss E. B. Gates, at the school.

An *index* to the above volumes is in course of preparation and will be on sale at a small cost. Will subscribers desiring a copy please communicate with the Editor at 24, Buckingham Palace Road, S.W.1.

The office supply of copies for **April, 1920** is exhausted and we should be grateful if any reader possessing this number and not wanting it, would return it to us.

A List of Advertisement Rates will be supplied by the Secretary, C.A.M.D., 24, Buckingham Palace Road S.W.1., on application.

Bibliography.

Mental Tests.

MENTAL AND SCHOLASTIC TESTS. Report by the Education Officer of the L.C.C. submitting three memoranda, by Mr. Cyril Burt, Psychologist. P. S. King. 21/-.

METHODS AND RESULTS OF TESTING SCHOOL CHILDREN. By Evelyn Dewey, Emily Child and Beardsley Rumel (U.S.A.). Dent. 15/-.

NATIONAL INTELLIGENCE TESTS. Specimen Set. Prepared under the auspices of the United States National Research Council and revised for English schools. Harrap & Co. 2/6.

Psychology, Psychotherapy, etc.

MORBID FEARS AND COMPULSIONS: their Psychology and Psycho-Analytical Treatment. By H. W. Frink, M.D., Prof. of Neurology in Cornell University. Introduction by J. J. Putnam, M.D. Emeritus Prof. of Neurology, Harvard University. Kegan, Paul. 12/6.

TREATMENT BY HYPNOTISM AND SUGGESTION, OR PSYCHOTHERAPEUTICS. 7th Edition. By C. Lloyd Tuckey, M.D. (Aberd.) With a chapter on Treatment by Suggestion during the war, by A. Percy Allan, M.D., B.S. (Lond). Baillière, Tindall & Cox. 21/-.

ADVANCED SUGGESTION. (NEURO INDUCTION). 2nd Edition. By Hadyn Brown, L.R.C.P. (Edin). Bailliere, Tindall & Cox. 10/6.

MIND AND ITS DISORDERS. A Text-Book for Students and Practitioners. 4th Edition. By W. H. B. Stoddart, M.D., F.R.C.P. With 84 illustrations and coloured plates. H.K. Lewis & Co., Ltd. 22/6.

SYMPTOMATOLOGY, PSYCHOGNOSIS AND DIAGNOSIS OF PSYCHOPATHIC DISEASES. By Boris Sidis, A.M., Ph.D., M.D. Medical Director of the Sidis Psychotherapeutic Institute, Edinburgh. E. & S. Livingstone. 21/-.

STUDIES ON INSTINCTIVE LIFE AND PSYCHO THERAPEUTICS. By Hattinberg. Kegan, Paul. 12/6.

CONDITIONS OF NERVOUS ANXIETY AND THEIR TREATMENT. By Wilhelm Stekel, M.D. Kegan Paul. 30/-.

PSYCHO ANALYSIS. By R. W. Hingley. Methuen. 6/-.

PSYCHOLOGY AND MEDICINE. By T. W. Mitchell. Methuen. 6/-. (*Reviewed in this number*).

THE NEW PSYCHOLOGY AND THE TEACHER. By H. Crichton Miller, M.D. Jarrod. 6/-. (*Reviewed in this number*).

PSYCHO ANALYSIS AND EDUCATION. By Barbara Low. Kegan Paul. 5/-.

PSYCHOLOGY APPLIED TO EDUCATION. By Gabriel Compayré. Trans. and edited by F. Tracey, Ph.D. Harrap & Co. 6/-.

PSYCHO ANALYSIS IN THE SERVICE OF EDUCATION. Being an introduction to Psycho Analysis by Dr. Oskar Pfeister. H. K. Lewis & Co. 6/-.

THE PSYCHOLOGY OF CHILDHOOD. New and enlarged edition by F. F. Tracey, Ph.D. Harrap & Co. 6/-.

AN INTRODUCTION TO PSYCHOLOGY. By S. S. Brierley, Methuen. 5/-. (*Reviewed in this number*).

HUMAN PSYCHOLOGY. By Howard C. Warren Stuart. Professor of Psychology at University of Princeton. Constable & Co. 15/-.

PSYCHOLOGY OF SOCIETY. By Ginsberg. Methuen. 6/-.

DREAMS AND THE UNCONSCIOUS. An introduction to Psycho Analysis. By C. W. Valentine, M.A., B.Sc., Prof. of Education, Birmingham University. Christophers. 4/6.

THE PSYCHO ANALYTIC STUDY OF THE FAMILY. By J. C. Flugel. Allen & Unwin. 10/6.

THE ADOLESCENT GIRL. By Phyllis Blanchard, Ph.D. Kegan Paul. 7/6.

SEVEN AGES OF CHILDHOOD. By Ella Lyman Cabot. Kegan Paul. 12/6.

Education.

EXCEPTIONAL CHILDREN AND PUBLIC SCHOOL POLICY. Including a mental survey of the New Haven Elementary Schools. By Arnold Gessell. Oxford University Press. 4/6.

EXPERIMENTAL EDUCATION. By F. N. Freeman, Ph.D. Harrap. 7/6.

THE PSYCHOLOGY OF THE COMMON BRANCHES. A summary of the Psychological principles underlying the most effective instruction in the commonly recognised subjects of the curriculum of the Elementary School. By F. N. Freeman, Ph.D. Harrap. 7/6.

THE TEACHING OF HANDWRITING. By F. N. Freeman, Ph.D. Harrap. 5/-.

STATISTICAL METHODS APPLIED TO EDUCATION. By Prof. Harold O. Rugg. University of Chicago. Harrap. 10/3.

A STUDY OF MODERN EDUCATIONAL THEORY AND ITS APPLICATIONS. By N. Catty, Lecturer in Education at Goldsmith College. Sidgwick & Jackson. 3/-.

THE HANDICRAFT ART OF WEAVING. By T. Woodhouse. Frowde & Hodder & Stoughton. 6/-.

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REPORT OF THE COMMISSIONERS OF PRISONS AND THE DIRECTORS OF CONVICT PRISONS WITH APPENDICES (for the year ending 31st March, 1921). H.M. Stationery Office. Cm. 1523. 9d.

PROBATION, CERTIFIED SCHOOLS AND BORSTAL INSTITUTIONS BILL. H.M. Stationery Office. Bill 234. 6d.

LIST OF INSTITUTIONS, CERTIFIED HOUSES AND APPROVED HOMES FOR MENTAL DEFECTIVES IN ENGLAND AND WALES. Revised to 1st Sept., 1921. To be obtained from Board of Control, 66, Victoria Street, S.W.1.

THIRTY YEARS' ADMINISTRATION OF THE PUBLIC ASYLUMS IN ENGLAND AND WALES BY THE MENTAL HOSPITALS ASSOCIATION. Hodder & Stoughton. 6d. net.

ADVERTISEMENTS.

The Society of the Crown of our Lord (Church of England) has opened a **Hostel** for workers with, and students of, all classes of mental invalids at:—63, Eccleston Square, S.W.1. (near Victoria). Apply to Miss Dale.

Special School for Backward Children of Professional Parents.

Scientific study of unevenly developed and temperamentally difficult children. Modern methods of education—resident Medical Officer—qualified Staff—specialists for physical exercises and speech correction—grounds 5 acres. Fees from £100 inclusive. Prospectus from the Principal, The Vineyard, Longbridge Lane, Nr. Birmingham.

STUDIES in MENTAL INEFFICIENCY

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The Special School in Norway and Work connected with it.*

BY JULIE MONRAD JACOBSEN

(Teacher in the Christiania Special School).

ABOVE all the loudly voiced demands of the age the appeal of the weak and helpless members of the community is distinctly to be heard. The Special School is born of this appeal, and in the "children's century" it came into being as a matter of course.

In Norway, the Urban School Law of 1889, Section 6, and the Rural School Law of the same year, Section 7, gave permission "to organise separate instruction for children whom the school authorities do not find to be fit for the ordinary school." Long before that time, however, experiments had been undertaken.

In the following I speak mainly of the Special School in Christiania because I believe that to be the most typical in our country. Because of its size Christiania has been better able than other municipalities in Norway to give this type of school a free and independent development.

After many groping experiments, partly private [but supported from municipal funds, going right back to the fifties, the Christiania Special School began in

*Translated by Mrs. Ball and revised by the Author.

1892 as an entirely municipal institution, with ten forms, its own headmaster and its own staff, *but* in three sections. It was soon evident that the classes were a great boon and the number of pupils rapidly increased.

Our school has now two modern school buildings, one for the East and one for the West part of the town. There are altogether about 500 children (one third girls and two thirds boys) divided into forty forms. For these there are 39 teachers, 30 women and 9 men, with one headmaster for both sections. For purposes of comparison it may be added that Christiania has 21 ordinary elementary schools with about 25,000 pupils. For these there are 661 women assistants and 215 men, with 19 headmasters and 2 headmistresses. Like the ordinary elementary schools the special school has seven successive classes.

The name "Special School" is used only as the professional term. By a resolution passed in 1914 by the Municipal School Board, these schools, like the ordinary ones, were named after the streets where they are situated. We thought that the children should not be unnecessarily stigmatised.

The children admitted are those of small ability, often with bad hearing, weak sight and other physical defects as well, who demand individual treatment.

As a rule all children spend at least one year at the ordinary school. It is exceptional to send them direct to the Special School. In the second half of each educational year the respective class teachers point out the children whom they think are fitted for the Special School. For each of these a form is filled up, giving social, physical, and moral facts concerning him. The form, filled in by the class-teacher and signed by the headmaster and the doctor, is sent to the headmaster of the Special School, who now tests the child at his or her own elementary school. If the test confirms the opinion of the elementary school staff the child is transferred to the Special School at the beginning of the next educational year. It is exceptional to transfer him at other times.

The selection of the pupils is based mainly on the *judgment of the teacher*. We hold that this judgment should be *at least an important factor* when placing the child in the appropriate school. Here I may mention that in Bergen the Binet-Simon Intelligence Tests are used. They are applied by the school doctor after the form teacher has selected the child; the results of the tests are not regarded as decisive, only as suggestive. There are no Norwegian standards for these intelligence tests, though standards are now being worked out.

If it should happen that a child makes such progress as to enable him to benefit by the ordinary school teaching, he may be re-transferred. As the selection is made with more and more certainty, however, re-transfers tend to become rare. But the teacher in the Special School should bear the possibility in mind.

The children are classified according to ability, not according to age, though some attention should be paid to age also. School ends at 15 years of age at the latest, and the child should if possible reach one of the highest forms so that his education may be complete in itself. Under our law the child may begin school at 6½ years of age and leave after seven years if he has completed the "standards." At 15, he may leave in any case.

Perhaps it would be of interest to readers if I here gave a few details concerning our schools for abnormal children. Between the ages of 8 and 21, the mentally defective child is entitled to eight years' instruction at some institution for abnormals. He may stay an extra two years if he has not completed his eight years' schooling at the age of 22. These institutions which are maintained by

the Government, have of recent years been much used as special schools for the country districts and smaller townships, which have no special schools. It has been argued that bodily care, in Homes, should be sufficient alone for the feeble-minded; that the gain from instruction was too small in proportion to the outlay. It may happen, nevertheless, that we shall go back to the original plan for the Government Institutions and use them solely for teaching abnormal children. The Government Institutions, however, will always be in touch with the Special Schools. There will be borderline cases in both. Moreover, the law concerning abnormals has often been applied in such a way that the child was not sent to the Institution till about 13 years of age and in consequence the Special School has been burdened with a contingent of abnormals, taught to some extent in classes specially adapted to their needs.

The aim of the Special School I should define as follows:—To make our children contented and as far as possible useful members of society, who can meet their fellows fairly freely and naturally, and adapt themselves to the community and its laws. Instruction is the means by which this goal must be reached, involving syllabuses, schemes, methods and the relative importance given to the various subjects. Our main principle is individual treatment; for this we need small forms with 10 to 18 in each. The aim of the curriculum is by few and simple steps to arrive at a result which shall be complete in itself, however modest, both with regard to the general curriculum and the separate subjects. The normal school course taken so far as we could follow it, would only be disturbing to the child, and he would never arrive at any definite result. Few things and few steps, but with light thrown on them from all sides, a richly varied method of approach, and continual repetition, which does not weary the child but just the opposite—these must be the principles of our work.

The stress should be laid on what is general, not on what is peculiar to the various subjects, and upon the connection between them. For the sake of this connection a class has the same teacher as far as possible for all subjects and for several years, not seldom for the whole school life.

It is difficult to give a brief statement concerning our methods. They are the same and yet not the same as in the ordinary school, always with modifications in order to adapt them to the needs of the individual. We make much use of vivid images in exposition and attach great importance to practice and to the satisfying of self-activity. Mind, body and senses in the child are pressed into the service of instruction; children in special schools are often strongly influenced through their senses.

The methods of the Special School differ from those of the ordinary school apart from the fact that they are adapted to the individual in the degree to which the various materials for instruction are employed, and in the proportion between them. A complete and varied teaching apparatus is essential and the principle is to give the child the object rather than the picture. The child can best understand what he can handle, and it is thus that the mentally defective child learns to fix his attention on what he is doing. The equipment for the first school year is that of the nursery:—horses, carts, cow-sheds, stables, dolls' houses (kitchen, bed-room, parlour), dolls to dress and undress, etc. As a matter of course we also make much use of pictures, especially for religious instruction (beautiful pictures, the children love them!) but we maintain throughout the school the object rather than the picture.

The time-table is as follows:—

<i>Forms 1 to 3 (younger children).</i>		<i>Forms 4 to 7 (older children).</i>	
Scripture	5 lessons weekly	Scripture	5 lessons weekly.
Norwegian & writing	9 ,, ,,	Norwegian	7 ,, ,,
Elementary Arithmetic	4 ,, ,,	Writing	1 ,, ,,
Singing & Play ..	2 ,, ,,	Arithmetic	4 ,, ,,
Observation lessons	4 ,, ,,	Singing	1 ,, ,,
Practical Occupations	6 ,, ,,	Object Lessons ..	4 ,, ,,
		Physical Training	2 ,, ,,
		Needlework (girls)	6 ,, ,,
		or Sloyd (Boys) ..	6 ,, ,,

The girls have cooking lessons in Forms 5 to 7. In the 7th Form special writing lessons, as well as physical training for girls and singing for boys, are left out of the curriculum. The time set free is given up to Norwegian and cooking.

Every day of the week but one begins with a lesson in Scripture. While I am convinced that for all children it would be good if Scripture took an important place in the school, I am sure that for our children it is an absolute necessity. They can discriminate so little between the value of things; but if things can be connected with religious ideas the child will gain something to build on, and it is clear and definite fundamental ideas that these children of weak mind and often also of weak character, require. The Special School child's delight in religious instruction supports the claim of scripture to a large place in his curriculum.

The Norwegian mother tongue comes next as an important subject. Here we use the method by which the children learn both reading and writing at the same time. Arithmetic is our greatest difficulty but is nevertheless a subject which has a very special interest for the children. Because children otherwise at the same stage of development have such varying ability with regard to this subject we adopt for it a movable classification, so that arithmetic is taught at the same time throughout the school and every child is put into the class that suits it. This method has always proved a successful arrangement. In Bergen a movable classification is also adopted for the mother tongue, but we think that this puts too much stress on skill in reading aloud, to the detriment of what is more important, viz., the understanding of what is read. The reading matter must be closely adapted to the children's general stage of development.

Object teaching (in the first three years, observation) is the method of awakening the child's intellect. In our lowest forms practically all our instruction comes under this head. The child must be led to do and see for himself, and through that to arrive at his stock of ideas. Even the commonest ideas are lacking. The real object teaching begins in the Fourth Form and includes history, geography and science lessons. Here we are careful not to limit ourselves strictly to the subject matter of the lesson in hand. These three subjects together are intended only to give to the pupils the elementary ideas of the world in development, and nature as the home of man. Geography is intended to give the child an idea of the world he lives in and some knowledge of his own country in relation to other countries. For practical reasons we teach him to read a map. Hand in hand with geography goes history. But we prefer stories to history. The science lessons give the children some knowledge of the commonest animals and plants, their appearance, manner of life and usefulness to man. In these lessons we also try to give a very

simple knowledge of the human body and of hygiene. The pupils use no book either for these or for the history lessons.

Weak-minded children should have much manual work. I refer to what I have already mentioned, the need for self activity. But manual and practical work alone is surely not sufficient, as some maintain. Even manual work itself requires that the intellect shall be developed.

The youngest children sew on embroidery cards with coloured cotton. The girls go on to knitting and sewing proper, but the boys have paper, sloyd and later, woodwork. However every boy must first learn to knit, to make his own apron for manual work and sometimes to darn and patch.

To describe the subjects further would take us too far afield, but I must add that the children have homework, oral and written, every day. I mention this because some maintain that the mentally defective child must content himself with what he can learn in school.

Our two Special Schools have each a garden in which the children work during school hours, and also in their free time.

We have always had mixed classes for the younger children. From the Fourth Form the sexes may or may not be separated. In the ordinary school mixed classes are exceptional and experimental.

The Special School has five lessons of 36 minutes each daily with seven minute intervals (a quarter of an hour for lunch.) The ordinary school has four lessons of 45 minutes separated by ten minute intervals (lunch interval fifteen minutes).

The Special School begins half an hour later than the elementary school. This prevents the children being "shouted after" by the others as they go to school. We also want our pupils to have a little more time in the morning. As there are only two special schools for the town many of them have a long way to come. Children who live more than a mile and a quarter away are provided with free tram-tickets by the municipality.

The Special School takes the same rank as the ordinary school in the educational system. The teachers are appointed on the same conditions, with a small additional salary.

About ten municipalities, all of them urban, have instituted Special Classes. Besides in Christiania, we have organised Special Classes in Trondhjem (1880)—four successive forms with their own headmaster and staff; in Bergen (1885) five successive forms separately organised in part; at Arendal two forms one for older and one for younger children, in connection with an elementary school. In the smaller townships there is a single form, sometimes with a special teacher, but usually taught by the ordinary staff in turn. In some places the backward children merely have an hour's extra instruction (maximum three hours a week) to enable them to "keep up" to the standard—an arrangement not favoured in special school circles.

Of the three to four hundred thousand school children in Norway about 800, that is from a quarter to a fifth per cent., receive special instruction. In Christiania the proportion is two per cent. Naturally many factors work together and the large town, especially the large industrial town, will always have the largest percentage. But reckoning, as a percentage for the whole country, even a modest one per cent, several thousands of our children lack the instruction that they need. Still no country can afford that even the smallest

ability shall be wasted or worse, misdirected. Prison and poor law institution can confirm that. It is morally and economically of the highest importance that every child shall receive the best possible instruction, viz., that which is suitable for the individual.

We have unfortunately no statistics that afford positive proof of the value of the Special School to society. But by letters, visits, and other means our pupils keep in touch with us and we with them. I believe that most make a good start, are contented, and are wholly or partially self-supporting. And God's work is done by each one doing his own part, though small, in his own place.

The girls go mostly into factories or into domestic service. The boys become workmen, skilled and unskilled, go to sea, etc. But let me also add that we are sorry to let them go from us at a difficult age without being able to offer them any special support or further education, such as normal children can obtain in continuation and technical schools. The more normal children can learn and develop, the greater the difference, the more ours are defeated in the struggle for existence. The staff of one of the special schools collected a small fund to support and help those of our children who specially needed further education. But it did not go very far. We also founded a club for them which however, I am sorry to say, came to an end after a time.

At the Scandinavian School Conference in 1920, a circle of those interested, realising that work for the mentally defective must be extended, and certain that this is a righteous work, formed themselves into a "Scandinavian Special Schools Union." A committee with representatives in each of the three Scandinavian countries has the matter in hand. Our Union has members from both ordinary and Special Schools, for we hold that co-operation is of great importance to both. Dr. Montessori has shown as much by the splendid pedagogical results she obtained through work with abnormal children. The highest school authorities have also shown their sympathy and interest by becoming members; doctors,—especially doctors and psychiatrists,—poor law guardians, and others interested in social work.

The work of the Union will include:—The holding of meetings, the publication of a journal, the collection of instructive statistics, the setting up of Special Classes where these are needed, together with skilled child study, the investigation of methods of Special School instruction adapted to local conditions. In the near future the main problems for the Union are the standardisation of intelligence tests for Norwegian conditions, special courses for teachers, and "what can and must be done for children who leave the Special School."

In August last year a committee with representatives from the three countries was held in Copenhagen. It was decided to hold a meeting of the Union in some place in the country in Norway during the summer of 1922. There will be a course of lectures for Special School teachers in connection with the Conference. The provisional committee, which acts until the first all-Scandinavian Conference meets, has set itself the task of holding sectional meetings of narrower scope in the three countries. Denmark, from the geographical point of view the smallest country, but with the best opportunity for meetings, has founded its national union. But Sweden and Norway, extensive countries with difficult communications, have been obliged to set up small local unions, especially in the towns, in order to get an effective basis for work.

As we can without the slightest doubt maintain that the work the Union has

taken up is valuable for the country, we have tried to obtain some government grant.

We believe in the future of the cause for it is a righteous one. These step-children of society less endowed by nature than the others, demand indeed more attention, demand a plus that will cancel their minus.

The Physical Education of the Mentally Defective Child.

BY G. MARY HARRISON, Late Assistant Lecturer in Physical Training, University College, Reading.

I HAVE purposely used the word education in the title of this article rather than training, as I wish to get away from the prevalent idea that physical education means nothing but a training of the muscles of the body; the sole aim being increase of function of the muscular system and all-round physical development. These two results are wanted but they do not stand alone; and in the case of a mentally defective child, the mental effects of a thorough system of training can plainly be seen. As to whether these effects are permanent or merely transitory I submit no proof, for my own work has not been continuous or even carried on for any length of time with the same children; but I think that teachers who have followed certain definite lines and aimed at a tangible improvement in the response of the children under their care, will bear witness to the permanence of this improvement.

For the purpose of this article I shall deal only with the average mentally defective child found in a special school or institution; and the methods referred to are those used only with a class or group of children. Individual cases, of special physical or mental deformity will not be included, as they need individual attention and cannot come within the limits of this article. Broadly speaking, the methods can be applied to all types of girls and boys, big or little, weak or strong, provided that each class or group contains children of more or less the same level of physique and intelligence; in fact as much uniformity as would be found in an ordinary elementary school standard.

As in other subjects, one of the most important factors in the success or failure of the physical education of the mentally defective child is the attitude of the teacher. If his mind is obsessed by the abnormality of the children he will fail. He should face the class filled with the conviction that they are just children who require more than ordinary care; and their subnormality should only be remembered when preparing the lesson. If he then carefully adjusts his lesson to the child's needs, remembering the particular difficulties and stumbling blocks of his own class, and introduces movements to assist or correct these, he can put their abnormality out of his mind entirely during the actual lesson, and as far as is possible for a self-conscious grown up, enter into the spirit of play and exhilaration with his class. It is impossible to obtain good results with even the normal intelligent child if the teacher remains outside the lesson in spirit, and merely directs affairs from a pinnacle of high authority, and this is doubly so with the children under discussion. Simplicity should be the keynote. The needs of the child should first be thought of, and then the means to satisfy those needs.

The question whether a good or indifferent standard of work will be obtained must be ignored for the time being. That will come later. The more simply and easily these needs can be satisfied, the more successful the lesson, and the more appreciable the result.

What are these needs? They will be found to differ very little from the needs of the normal child in some respects, though generally speaking they are greater and more pressing. The normal child can usually be trusted to find his own means of employment especially if left alone, whereas the mentally defective child requires an external stimulus or suggestion; there is no fund within himself. This 'rousing of the child' can, however, be supplied in some small degree.

Briefly the aims are:—

1. To improve in power, speed and accuracy, the child's response to external stimuli, and to encourage concentration on the matter in hand.
2. To help the child to express his emotions, and to provide an outlet for exuberant high spirits and physical energy.
3. To teach the child obedience, and the necessity at times for it to subordinate its will to that of another.
4. To give strength to the muscles and joints, and to increase the working capacity and endurance of the body.
5. To give the child the joy and exhilaration experienced when working vigorously with others.
6. To endeavour to obtain a certain amount of control over the body and the muscular system, and thus lead on to control of emotions and passions.

Given normal conditions and an enthusiastic teacher, these aims are within sight. By normal conditions I mean a sufficient floor-space, sufficient time—at least one lesson of twenty minutes a day, and a moderate amount of apparatus: bean-bags, balls and ropes. With a sympathetic authority, green fields, unlimited fresh air, and suitable clothing, better results can be obtained in a shorter period. No lesson should last more than thirty minutes, and if a certain amount of time out of each week is allotted to physical work, short periods occurring frequently are the best. The method advocated in the Board of Education syllabus for "Children under Seven Years" can well be applied here. Two lessons each day are given, the morning one containing the sterner elements of the work, with plenty of free activity and games, lasting from fifteen to twenty minutes, and the afternoon one devoted to singing games, nursery rhymes, musical games, and the more recreative side of the work.

It sometimes happens that any response, however slight on the part of the child, is hailed by the teacher with a glee totally out of proportion to the value of the response obtained. Appreciation of response should always be tempered in the mind of the teacher by remembrance of a high standard and the possibilities of improvement. Otherwise, it may happen that the fullest demand is not made upon the child's resources, and the latter, realising this even though perhaps unconsciously, does not put forth his maximum effort. It should always be remembered, that the highest ideal is not too high for anyone, and the striving after perfection must continue, however far from perfection the result of the effort may be. It is the amount of effort put forth that matters, far more than the result achieved. Progression should take the form of increased facility and improved movements, æsthetically as well as muscularly, rather than the substitution of more difficult movements. The children should be encouraged to do the things

they know how to do well, better every day, rather than attempt more advanced exercises and games.

Although it is not first in the list of aims, it is generally acknowledged that the teacher's first effort should be directed towards increasing the physical powers of the body, and materially aiding its efficiency. First the body is warmed; the blood flows more rapidly; more nourishment is carried to the tissues and waste matter more speedily excreted. There is a general sense of well-being and happiness, a feeling of fitness and a readiness to meet anything; all of which must be encouraged. If this occurs as often as once a day, the permanent effect of a general increase in health and well-being will be marked. The child's carriage will improve, and the movements of the limbs in walking and running will be freer and easier. A beginning is made to rid the child of the feeling of clumsiness and awkwardness which is so hampering and so depressing. The clumsy and awkward bearing of the mentally defective child often marks him clearly from his fellows, and any improvement in this is a decided step forward.

The mental results are not so easily seen; also the possibilities suggested open up a large field of conjecture and doubt. It is impossible to ascribe any definite improvement to physical education alone, and it would be decidedly unfair to the other work, as in a properly regulated scheme all parts work together as a complete whole, and none can claim priority. I do not think however, that I claim too much when I say that the feeling of well-being and joyousness produced by a successful lesson seems to liberate emotions and impulses which are otherwise blocked. Few things excite the child as much as a jolly, brisk and well directed physical activity lesson. Self-expression in its usual form seems unknown to these children; they do not go out to seek means of putting forth the motive power within them, at any rate in the recognised channels, and they require to be shown and taught these methods. On the other hand, the smallest increase in the feeling of happiness is easily noted, as they are as a rule free from self-consciousness and do not fear to show their emotions; and largely because they do not discover for themselves physical channels through which to dissipate them, these same emotions appear more uncontrollable when aroused. This can be utilised in physical work, by helping the child to feel, to realise his feelings, and to desire to express them in a way which gives pleasure to himself. To take an example: the exhilaration felt after a succession of jumps in the air is politely restrained by the child who has been repressed or wrongly trained; it is freely expressed by the normal natural child; and is almost exaggerated by the mentally defective child. A new avenue is discovered for the physical energy, and here the teacher can step in to direct it. The direction of any impulse, however small, marks a step forward. It is something which recalls pleasurable feelings whenever it is remembered, so the desire to return to it is sharpened; a definite impulse is controlled and directed and so much is gained.

To come to practical details; what is the best kind of physical work? I have already said it must be simple, and I cannot emphasise this too strongly. Its appeal must be direct, and all work which demands a complex mental effort with only a slight obvious result must be avoided. Get the maximum movement for the minimum mental effort at first; later improve the same movement, beautify it, show the class how well it can be done and leave it to copy it. Until the movement itself shows definite improvement do not add any extra frills. Let us take the movement of jumping. (I choose this again for its suitability as an example

as it gives exhilaration, shows at once the amount of effort being put forth by each child, and requires strong muscular work. A jump successfully tackled gives a feeling of accomplishment to the child, something to show for his labour). After the first clumsy efforts, when the whole attention is concentrated on lifting the body weight off the ground at all, the height can be increased, and gradually the whole jump improved, until it is light, free, effortless, and finally controlled, as far as the class can understand these qualities. The important thing to remember is that the maximum effort must be demanded and the highest jump possible made before the controlling and restraining factors are set in motion to produce a beautiful jump. It is useless to attempt to control a movement if there is no movement present worth controlling. Encourage the child to jump high, and forget to speculate whether he will land on the earth the right way up. If he is warned beforehand that he may land on his head or his hands, he will be obsessed by that fear to the exclusion of any big effort.

I have already said that the teacher should remember that his class is subnormal only when preparing the lesson, and should let this remembrance influence the choice of type of movement. Big massive movements, movements of throwing and catching where the class is older, movements increasing suppleness of joints and elasticity of muscle, such as quick bendings and twistings; to pick an object off the floor; to turn round in a hurry, to catch another; all these should predominate. After the lesson is prepared and learnt by heart the teacher should entirely forget their subnormality and identify himself as far as possible with them. Except in individual cases of weakness or disability, which should be taken separately, there is little fear of overtiring the class: the fund of energy is almost inexhaustible. The lesson must flow quickly, easily, with little pause except literally to take breath when necessary. The maximum effort must be demanded throughout the whole period. The crisis or highest point should be reached about three-quarters of the way through, the last quarter being used to soothe and quiet the class and restore it to its normal state. It should not be left highly excited, but should certainly feel better and more alert. The teacher can easily read the signs. Games of all kinds are invaluable, and the beneficial effects, both physical and mental, are obvious. Difficult games involving co-ordination of limb and eye to any great extent should only be introduced gradually after the way has been carefully prepared. The same holds good here as in movements: it is better to teach the class to play a simple game well, than to attempt a difficult one and do it badly. There is little fear of monotony, especially if every time the game is taken one point is elaborated and improved. Where possible, and this is easily so with older boys, ball games can be used: first the simple throwing and catching over a small space, with perhaps one team pitted against another in speed to add interest, and later over a bigger distance, even throwing at a particular target. Examples of this are "dodge-ball" where the player must be hit below the knee, and "ball-touch" in which one player endeavours to hit the others who are running anywhere in the room.

I should like to say a little on the use of music in physical education. The methods of use are so diverse that it is difficult to single out any particular one for criticism. My own experience has been that mentally defective children, especially boys, were extraordinarily susceptible to the rousing influence of a jolly skipping or running tune. Generally speaking their sense of rhythm was excellent and their enthusiasm a pleasure to behold. Such music, used for running,

hopping, skipping, and any vigorous movement, has an excellent effect, and is of great value. So also have the airs of nursery rhymes and simple singing games, as long as the movements are kept simple and have a direct bearing on the words and meaning of the rhyme. It is also quite possible and indeed most helpful, to take a simple tune, say in common time, and made up in the usual phrases of eight, sixteen, or thirty-two bars, and make a simple combination of running or skipping steps to fit the rhythm. In its simplest form this can consist of running in a circle, with hands joined, keeping time to the music. Next a definite number of steps, say sixteen, can be taken to the right, then turn, and sixteen to the left. Or a square can be made and a definite number of steps taken to progress from one corner to the next. These can be done in circles or loose lines, one child leading, and the others following with hands joined, or in couples. The simpler the tune the more direct its appeal, hence the greater value in its performance. This use of music must not be confounded with Eurhythmics, which is a scientific method of teaching music by movement, and one demanding skilled teachers and apt pupils. It is intended merely as a relief from or alternative to the ordinary game. Its usefulness depends chiefly upon the selection of suitable tunes, with no attempt at interpretation of the composer's possible meaning, and no attempt to build up new rhythms, or means of expressing them. It has one point only of similarity with Eurhythmics, namely that the child endeavours to keep time to the music and to modify or increase his movements to fit it. Its value lies in the necessary adaptation of muscular effort, and also in the attempt to express the spirited or restrained nature of the melody, by large and vigorous or small and quiet movements. This is done more or less unconsciously by the child, who responds directly to the stimulus.

The question of suitable clothing must not be overlooked, and its effect upon the lesson is obvious. No child, however intelligent, can be expected to move freely and beautifully if hampered by heavy boots or clogs, and thoroughly unhygienic and unsuitable clothing. It is not of course possible to lay down any definite rules upon this vexed question. Much depends upon the teacher, who will find that tact, patience, and above all a never-failing good example, will work wonders. Where circumstances permit and the floor-space is suitable, the class should work bare-footed. Boys should always remove the collar and coat. The ideal costume for girls is not yet designed, but a simple one consisting of a sweater or a jersey in soft material, dark woolly knickers, and a tunic, is practicable and always looks well. This should be worn throughout the day, and the tunic removed for physical work.*

There is a large field open for investigation and pioneer work in physical education for the mentally defective child, and there is plenty of room for fresh ideas and experiment. If a fully-trained gymnastic teacher who has also had a course in psychology and the methods of dealing with these children, were to devote herself entirely to a definite number of them, and keep a record of the work done, the result would probably be astounding. Perhaps before very long the right one will come along.

* This of course can only be a counsel of perfection for ordinary Special School children.
—Ed.

News and Notes.

Sir Leslie Scott.

The C.A.M.W. takes great pleasure in recording the honour that has been conferred on their Chairman, Mr. Leslie Scott, in his appointment to the position of Solicitor-General, and the Knighthood which has accompanied it.

Sir Leslie Scott's share in the work, as members of the Executive Council know, is very far from being limited to taking the chair at meetings and conferences. His interest in it is personal and not official, and his support and help to those responsible for carrying it out has always been unfailing. His influence is wide and we have never appealed to him in vain to use it on our behalf for he has grasped, as few public men have done, the vital importance of the whole problem of mental deficiency.

May we then, through the medium of this paper, extend to him on behalf of our readers, our very hearty congratulations?

Removal of Treasury Restrictions *re* Urgent Cases.

The C.A.M.W.'s campaign has now been brought to a successful conclusion. In the Section of the Geddes Report dealing with the Board of Control and the Mental Deficiency Act occur these words:—

“If this were not an activity which we regard as essential to the physical and moral health of the nation, we would have recommended a substantial reduction in the Vote in order to enforce economy. In the circumstances we refrain from any reduction.”

and on February 17th in answer to a question by Mr. Leslie Scott, the Minister of Health (Sir A. Mond) informed the House that he hoped “in view of the economy which it should be possible to secure on the mental deficiency service generally, Local Authorities can now make such provision as is essential to enable new urgent cases to be dealt with,” and that he was causing the Board of Control to issue a Circular accordingly. The Circular alluded to was issued on February 28th.

Whilst retaining the original definitions of “urgent cases,” the Board informs Local Authorities that the financial restrictions are now relaxed as far as may be necessary to enable institution accommodation to be provided for such cases. No fresh schemes for institutions involving capital expenditure can be considered, but, if necessary, the Board is prepared to receive applications for the approval of additional beds in Poor Law Institutions where further accommodation is needed.

The Circular further comments upon the results of the inquiry recently made into the respective costs of various items per patient per annum in certain Certified Institutions which has revealed strikingly wide variations, and states that whilst giving due allowance to varying factors in determining maintenance costs in different areas, the Board nevertheless consider that in this particular department of the work there is room for economy, and hopes that it will be possible for Local Authorities to achieve something to this end.

For further details on this aspect of the subject we refer our readers to the Geddes Report quoted above which includes a Statistical Statement showing the variations in annual maintenance costs alluded to in the Circular—variations as divergent as £58 from £320 per head per person.* these figures being

*Second Interim Reports p. 89.

based on the *total* annual expenditure, on all counts, of the Institutions to which they relate. In order to encourage greater uniformity the Report recommends that the Treasury grant towards maintenance (at present 50% of the total cost) should be changed to a 'per capita' basis and coupled with provisions to ensure adequate treatment and economical management. This abandonment of the percentage system of grants in favour of a per capita system is also advocated by the Committee with regard to other services, *inter alia*, education. They appear to think it will facilitate economical expenditure by Local Authorities.

Economy and Special Schools.

In January last the Board of Education sent a circular to the Local Education Authorities warning them that in view of the financial position and the high cost of Special Schools* it may be necessary for them to restrict their total expenditure on making provision for Blind, Deaf, Defective and Epileptic Children in 1922-3 to the amount incurred in 1921-2—or possibly to even less than that amount.

Since the issue of this circular the Geddes Report has, of course, been published, but Special Schools are included in the category 'Special Services'—comprising also Medical Inspection and Treatment, and Provision of Meals—and beyond advocating a general reduction in the total cost of these from £3,900,000 (the estimated cost in 1922-3) to £3,000,000 (the cost in 1920-21) the Committee makes no specific recommendations on the subject.

What the ultimate position will be is therefore still a matter of conjecture, but meanwhile the Special Schools' Union is conducting a campaign in London with the object of bringing before the public the value of the work done in Special Schools.

ACTIVITIES OF THE C.A.M.W.

Short Course for Teachers.

The 11th Short Course for Teachers of Mentally Defective and Dull and Backward Children is being held from April 17th to May 6th in London (Tudor House Newington Green, N), and although this year the Board of Education is unable to make any grant either for administrative expenses or towards maintenance, 40 students have been enrolled. The majority of these are paying all their own expenses and their willingness to do so is a striking testimony to the value which they set upon the Course.

A new feature on this occasion is the provision of opportunities for the special study of Backward Classes, which it is hoped will meet the need of teachers engaged in or about to take up this branch of the work.

Post Graduate Course for Medical Officers.

The fourth series of Post Graduate Lectures in Mental Deficiency, supplemented by a Course of Clinical Instruction, has been arranged by the Extension Board of the University of London in co-operation with the C.A.M.W., and will be held during the fortnight beginning Monday, June 12th, 1922, and ending on Saturday, June 24th, 1922.

The Course will be based on the requirements of the Syllabus for the University of London Diploma in Psychological Medicine. Lectures will be given by Dr. A. F. Tredgold, Dr. F. C. Shruballsall, Dr. E. Prideaux, Dr. W. C. Sullivan, Mr.

*On March 28th Mr. Fisher stated in the House that the average cost per child during the year ended March 31st, 1921, of Special M.D. Day Schools was £27.

Cyril Burt, and Miss Lucy Fildes. The clinical instruction will consist of visits to Schools, Homes and Certified Institutions for the Mentally Defective and to Epileptic Colonies, and demonstrations of individual cases of defect by experts to small groups of students.

Fee for the Course:—£5 5s. plus a Registration Fee of £1 1s. which should be paid at the time of application. No applications will be entertained after Monday, May 22nd, 1922.

The Course will only be held if a sufficient number of students is forthcoming. Intending students are therefore asked to send in their applications as soon as possible. All communications with regard to the Course should be addressed to Miss Evelyn Fox, at the University of London, South Kensington, S.W.7.

Week's Course for Secretaries of Local Associations.

It is hoped that a week's Course for Secretaries of Local Associations will be held during the week beginning May 22nd, 1922.

Special attention will be paid to problems connected with "borderland" and unstable cases, and cases of early mental disorder. Lectures will be given by medical men and others, and the secretaries will be given an opportunity of carrying out some practical study with regard to "borderland" cases. It is hoped to be able to provide accommodation for students in one building. Arrangements for the Course are not yet complete; full details will be sent to secretaries at an early date.

Conference on Mental Deficiency, London, July 18th and 19th, 1922.

A two-day Conference on Mental Deficiency will be held in Caxton Hall, Westminster, on Tuesday and Wednesday, July 18th and 19th, 1922, under the auspices of the C.A.M.W. Details will be issued as soon as possible.

Occupation Centres.

In the hope of extending interest in the work of Occupation Centres and of encouraging their formation, the C.A.M.W. is publishing a small illustrated booklet which is now in the press. Besides a general account of the work and objects of Centres, examples of their effect on the children, and suggestions as to ways of starting them, etc., the pamphlet contains photographs and appendices comprising "Suggestions for Occupations," "Handicraft Classes for Older Defectives," "The Legal Position of Defective Children between 7 and 16," and "List of Existing Centres."

The price will probably be about 6d. per copy and orders can now be booked.

We are most anxious to see the number of Centres increased and we are accordingly about to launch an appeal for funds with which to help to start them in new areas. We hope for a generous response and should any of our readers desire to send us contributions at once we shall most gratefully accept them, however small they may be.

We should also like it to be known that we are prepared to send, free of cost where necessary, an experienced member of the staff to help the responsible local worker with the preliminary organisation in any area where it is desired to start a Centre. We shall too be glad to arrange at any time a Course of training in London for Occupation Centre work, varying in its nature and length to suit individual needs. All enquiries on the subject should be addressed to Miss Evelyn Fox, at 24, Buckingham Palace Road, S.W.1.

Handicraft Classes for Defectives over School Age.

We should like to record an interesting development of Occupation Centre work in the direction of Handicraft Classes for older defectives, which are now successfully established in several areas.

In connection with the Ipswich Occupation Centre there are two sets of classes, one for boys, held twice a week in the evening, and one for girls held on two afternoons. The occupations taught include rug-making and cane-work; picture colouring and framing; woodwork and boot-repairing (boys); needlework and knitting (girls), and it is hoped that eventually it may be possible to sell the work. Each class is taken by a teacher who receives either a nominal salary or gives her services free; games and drill are taught to the boys by workers from a Boys' Club.

Two sets of classes of this kind have also been established by the Committee of the Lilian Greg Centre (London). One is for ex-special school girls over 16, 7 of whom meet once a week in the afternoon and learn stencilling and embroidery and blouse-making. The other is for boys between 14 and 16 who are still attend a Special School. It is held one evening a week and attended by an average of 7. Leather work is taught with great success, numerous orders being received. It is hoped that the boys will stay on after they leave school and form the nucleus of an Old Boys' Club.

In Croydon industrial work among feeble-minded boys and girls began on a small scale in the winter of 1920-21, when four girls and one boy were taught raffia bag and basket making at their own homes by a voluntary worker. The lessons were given once a week, and continued for about five months, when the teacher had to leave Croydon rather suddenly. One of the four girls has been able to pay for her own clothing with money earned by making baskets, table mats, etc., and selling them in her own circle.

This winter six girls are being taught rug making on small hand looms, with very encouraging results. They meet in a room in the Public Health Department of the Council and work for over two hours each Friday afternoon. The girls are most enthusiastic over the weaving, and are producing quite saleable rugs.

Four boys meet at the same centre on another afternoon, and learn raffia basket making, and other two boys and three girls are being taught at home.

With one exception all these lads and girls are over sixteen, and most of them have been pupils at the Special M.D. School.

The Classes are held under the auspices of a small sub-Committee of the Mental Deficiency Statutory Committee which has been formed for the purpose.

Mental Hygiene in England.

With a view to carrying out in this country work on the lines of that which the American National Committee of Mental Hygiene has been doing for a number of years, a provisional committee of medical men with Sir Courtauld Thomson as chairman has decided to form a National Council for Mental Hygiene in England. Its general aim is to encourage and co-ordinate the valuable work already being done by the many associations engaged in the study of mental disorders, and the various problems affecting the mental health of the nation, and in addition it is hoped that such a council will help to establish Psychological Clinics at General Hospitals and so endeavour to diminish the enormous waste of time and energy resulting from minor mental disorders by educating the public in the principles underlying mental health and illness.

The Committee will call a General Meeting on May 4th, 1922, at 5 p.m., at the rooms of the Royal Society of Medicine for the purpose of deciding on the con-

stitution of the National Council of Mental Hygiene, Amongst those who will speak on the subject will be Sir Humphrey Rolleston, Sir Maurice Craig, Dr. Henry Head and Sir John Goodwin. In the meantime all persons, lay or medical, who are interested in the movement and would care to have further particulars should communicate with the Hon. Secretary, National Council of Mental Hygiene, 51, Green Street, London, W.1.

Premier Congrès d'Hygiène Mentale, Paris, June 1st to 4th, 1922.

The first Congress on Mental Hygiene has been arranged by La Ligue française d'Hygiène mentale, and will be held in Paris from June 1st to 4th, 1922. The promoters of this Congress hope that it will serve as a preparation for a much larger International Congress to be held in New York in 1923.

We have received a preliminary programme, giving the following five subjects for discussion:—

- i. Les principes généraux qui doivent régir l'assistance des Psychopathes.
- ii. La sélection des travailleurs dans ses rapports avec l'Hygiène mentale.
- iii. Les méthodes d'Education et la Psychologie appliquée.
- iv. Entente internationale pour les recherches scientifiques en rapport avec l'Hygiène mentale.
- v. L'Hygiène mentale dans la famille.

The Executive Council of the C.A.M.W. have appointed Miss Evelyn Fox to represent them at the Congress and she will contribute a paper on the Home Care and Visiting of Defectives in connection with the fifth section of the discussions.

Further particulars may be obtained from the Secrétariat Général du Congrès, Dr. A. Brousseau, 1, Rue Cabanis, Paris 14e.

Royal Eastern Counties' Institution, Colchester.

This Institution has now increased the number of its beds to 830 by the opening of a fifth branch. As the high cost of building prevents extension by the best method, that of building near to the main Institution, additional accommodation has had to be found by renting houses in Colchester or the district. The new branch is situated at Halstead and was till recently the Greenwood Industrial School for Girls. When the Trustees closed the school owing to lack of numbers, it was offered to and accepted by the Committee of the Royal Institution to be used as a girls' branch school. It will accommodate 90 girls and the necessary staff and is in many ways more fitted for its purpose than the converted country house which has so frequently to be made use of. The day rooms, school rooms, and dormitories are all large and airy and there is a large hand laundry and a playing field of about three acres. It is situated in the highest part of the town with a good view of the surrounding country. In order to comply with the terms of the Trust a certain number of defective girls have to be received under the Children's Act and the Institution is now therefore working under three different departments, the Board of Control, the Board of Education, and the Home Office.

Calderstones Certified Institution.

The Mental Deficiency Act Committee of the Lancashire Asylums Board have decided to take 300 Out County Cases, i.e., cases from Areas other than Lancashire, at their new Certified Institution, "Calderstones," Whalley, near Blackburn, Lancashire.

The Medical Superintendent is prepared to accept cases of any age over five

years, of either sex, and of any grade, epileptic or otherwise, provided that Authorities will send a fair proportion of high grade with low grade cases. He will not accept low grade cases only, nor troublesome criminals. The charge for maintenance is at present £78 per annum, but it is hoped that this may be considerably reduced at an early date, as the cost of living has now fallen.

Applications for Agreements, etc., should be made to the Clerk to the Mental Deficiency Committee, County Offices, Preston, Lancs.

OBITUARY.

Sir Harcourt E. Clare.

By the death of Sir Harcourt Clare, Clerk of the Lancashire County Council, mental deficiency work has suffered a severe loss.

Although occupied with multifarious other duties of high importance, his interest in this special problem was keen and his position as Clerk of the Lancashire Asylums Board brought him intimately into touch with the administration of the Mental Deficiency Act in that county.

The work of Voluntary Associations too found in him a confirmed supporter and it was at his instigation that the Associations for Lancashire were formed.

Mrs. Western.

A member of the C.A.M.D. from its foundation, and also of the London Association for the Care of the Mentally Defective, Mrs. Western was yet largely unknown to any outside the circle of those who had personal contact with her, but she worked quietly and unceasingly for defective and sub-normal girls and took an interest that was maternal in each one who came to Alexandra House, Uxbridge, of which she was for many years Hon. Secretary.

It was the "Borderline" case which lay nearest her heart and she never relinquished her dream of a Borderline Home where expert treatment should be provided in specially chosen surroundings, but any scheme for the welfare of defectives found in her a friend.

Devotion such as hers is all too rare and it is with a real sense of deprivation that we record her death.

POST GRADUATE (MEDICAL) COURSE, BIRMINGHAM.

The Birmingham University have arranged to give a Post-Graduate (Medical) Course in "Crime and Punishment" from 15th May to 27th May, open to medical practitioners only. The Course will consist of Lectures on:—

- "Mental Defect," by Dr. W. A. Potts.
 - "Insanity," by Dr. Percy Hughes.
 - "Crime and Punishment," by Dr. Hamblin Smith.
- and two Special Lectures by Dr. Maurice Nicoll.

In addition there will be clinical instruction in the Prison, in the Barnsley Hall Asylum, and in Institutions for the Mentally Defective.

The fee for the Course is Five Guineas.

Applications to attend must be made before 1st May to The Dean of the Medical Faculty, Birmingham University, from whom full particulars can be obtained.

Reviews and Abstracts.

THE HYGIENE OF THE SCHOOL CHILD. By Lewis M. Terman. Published by George G. Harrap and Co. Price 10s. 6d. net.

This book is stated to be published for the use of teachers and those training for this profession, but a careful perusal of it demonstrates quite clearly that school medical officers, health visitors and others will find in it a real storehouse of knowledge. The author has spared no pains in delving deeply into a perfect mass of literature in order to unearth facts and opinions as may be seen by the voluminous bibliography appended to each chapter. From each of these well-chosen sources he has extracted the kernel of the matter in question with a logical and accurate appreciation amounting almost to uncanny insight and in this small volume of about 400 pages he has condensed and marshalled his findings in extremely well-reasoned sequence. The book is a veritable thesaurus of well-gleaned material.

Some few sentences will indicate the aptness of the author's conclusions. "Thinking, biologically speaking, is never its own end but a means towards adaptation, which is essentially motor."

"Whatever else play may mean, Aristotle's conception of it as a catharsis is essentially correct."

"Nervousness, as some one has said, is not one disorder but a whole cohort."

"Sanity is a relative term,—Mental balance is the exception, not the rule."

The several chapters on mental hygiene besides being essentially sound and well-balanced shew a deep and sympathetic appreciation of child psychology and the suggestions for observation of abnormal children as tabulated on pp. 297-8 might well be memorised by those responsible for the care of children whether normal or abnormal.

The book is well illustrated with plates, charts and diagrams, is carefully indexed and contains a glossary of technical terms. The only criticism we have to offer is a small one, *viz.*, that we cannot quite appreciate the

insertion of a plate shewing the "primary incision for separating the hypertrophied tonsil from its attachments": if this be intended to give a view of the fauces, one without three surgical instruments in situ to complicate it would have been preferable.

Everything considered, however, this book is one for the desk and not the library shelf and is one which the reviewer intends to keep close at hand. G.A.A.

"A COMPARISON OF THREE METHODS FOR MAKING THE INITIAL SELECTION OF PRESUMPTIVE MENTAL DEFECTIVES."

"OF WHAT USE IS A PSYCHOLOGICAL CLINIC?"
By J. E. Wallace Wallin, Ph.D., Director of the Psycho-Educational Clinic, St. Louis, Missouri, U.S.A.

"SUGGESTED RULES FOR SPECIAL CLASSES."
"PROGRESS IN THE FIELD OF MENTAL HYGIENE IN MISSOURI."

"THE CONCEPT OF THE FEEBLE-MINDED, ESPECIALLY THE MORON."

The first two of these pamphlets are concerned primarily with the value of Group Tests of Intelligence which—originally devised to allow of the systematic testing of recruits for the American Army—are now being extensively used in schools and institutions throughout the States. Wholesale testing of this kind obviously cannot yield results so reliable or accurate as those obtained from individual tests, but for conducting preliminary surveys and for the purpose of ascertaining e.g. what children in a school should be referred for examination by a mental expert, they have in them elements of value which must not be overlooked.

At the St. Louis Psycho-Educational Clinic—opened in 1914 with the primary object of sifting out from the ordinary schools children who are too mentally defective to derive any benefit from them—this question of "selection" has from the outset received Dr. Wallin's close attention, and he recently instituted a special enquiry to ascertain whether Group Testing would be of material assistance for the purpose.

His conclusions, which will be of special

interest to teachers, may be summed up as follows:—

(1) That the Group Test, as an aid in selection, is not superior to the judgment of the trained and experienced teacher, and the prevalent view as to the incompetence of such a teacher to determine without resorting to tests which children are most defective, cannot be generally upheld.

(2) That the Group Test gives occasionally unreliable and misleading results, the possibility of which must always be borne in mind, and that it cannot therefore take the place of psycho-clinical examinations.

But (3) that it is of value if used as *one* amongst many aids to classification.

In another pamphlet Dr. Wallin gives the rules and regulations for Special Classes as drawn up by him and adopted by the State Superintendent of Schools in Missouri.

The section of these Regulations concerned with schools for feeble-minded children (Special Schools for Individual Instruction or Opportunity Classes, as they are termed) contains, amongst others, the following provisions in which teachers in similar schools in this country will be interested:—

Admission to the Classes is limited to children who have been properly examined by means of standardised individual mental tests, and it is generally understood that the children for whom they are intended are those having an Intelligence Quotient between 30 and 70.

The importance of an investigation beforehand into the condition of each child, together with his history and home environment is urged.

No class must contain less than 10 children and a teacher should be able successfully to manage from 15 to 18.

As a general guide it is suggested that 35% of the time in school should be devoted to brain work, 35% to manual work and the rest to physical and sensory training, and a list of suitable occupations, etc., is given in full.

It is assumed that special training will be

taken by all teachers who undertake the work, such training to include psychology and pedagogy, the application of mental tests, practical experience in teaching the feeble-minded, and industrial and manual work.

It is interesting to note in this connection (see *Progress in the Field of Mental Hygiene in Missouri*) that although the State has had since 1919 a law making the establishment of such Special Classes compulsory, it has for the most part, as in this country, remained a dead letter. Another failure regretfully recorded is the creation of a "Bureau for Mental Defectives" for the purpose of providing recognised and widespread facilities for the examination and classification of alleged defectives—a provision which Dr. Wallin regards as perhaps the most essential item in any programme of work for the feeble-minded. In St. Louis itself the Psycho-Educational Clinic does what it can to fill this need, but, owing to the lack of financial support, it cannot do so adequately.

In *The Concept of the Feeble-minded Especially the Moron*, Dr. Wallin sums up the views he has arrived at after his long and intensive experience in this field of work, and the result makes most suggestive reading.

The diagnosis of mental deficiency, he urges, should not be undertaken by anyone without scientific training and prolonged experience. He severely condemns the prevalent practice of labelling persons as feeble-minded on the ground that they are not able to pass beyond the 12 year old Binet Tests.

His opinion that this standard is far too high has, he points out, received striking confirmation during the War in view of the fact that the Army Intelligence Survey revealed an average mental age in the white American soldier of 13.1, and in 47% of less than this.

If, therefore, the 12 year old standard is adhered to it follows that probably some 50 million citizens of the United States are "high-grade morons," and moreover that the age of the average citizen is only one-fifth of a year above the level of feeble-minded—a result which he can only describe as "inane."

A revision of this conception has therefore been rendered necessary and he suggests that the borderline of feeble-mindedness should be drawn between the upper limit of 7 and the upper limit of 9, or at most 10—or in terms of I.Q. between 60 and 80. With an adult or adolescent it will vary from 4 to 6 years of intelligence deficiency based on the adult level of 13 in the Army. But, if this standard is accepted, there follows the somewhat disquieting conclusion that the vast majority of delinquents and criminals classed in the last decade as defective are not defective at all—or at any rate not more so than millions of their fellows countrymen who are regarded as normal citizens,—unless the conception of feeble-mindedness is widened to include what he terms “conative and emotional feeble-mindedness”—and this extension Dr. Wallin does not advocate. He admits its convenience but considers that it flies in the face of the historically fixed connotation of the term as being essentially an intellectual defect. This is, he points out, recognised in our own Mental Deficiency Act which has a special definition for “moral imbeciles.” Moreover he considers that no objective test can possibly measure emotional temperamental and moral instability or deficiency, and as its diagnosis must largely depend on the subjective opinion of the examiner based on his own or other’s people’s observation, the standards adopted will inevitably be widely divergent. His own experience forcibly illustrates this for out of at least 60 alleged moral imbeciles sent to him for examination he has only felt justified in corroborating the diagnosis in *one* case.

This type of individual does, of course, need special treatment and care, but in his opinion it should emphatically not be given in the same institution or school as that to which ordinary defectives are sent, but in a special home set apart for “defective delinquents.”

WORD BLINDNESS.

Miss Lucy G. Fildes, Holder of the Board of Control Research Studentship at Cambridge has recently published* the results of “A

* “Brain,” Vol. XLIV., Part III. Macmillan & Co., Ltd. 6/-.

Psychological Inquiry into the Nature of the Condition Known as Congenital Word-Blindness” to which we draw the attention of those who are interested in the subject.

The object of the enquiry was to ascertain as far as possible whether inability to learn to read or the loss of the power of reading is due to specific or to general defect, and if the former, whether the defect shows itself only in reading or whether there is any general lowering of visual power.

Twenty-six children were experimented upon, aged between nine and sixteen, of whom twenty-two were attending a Special School and four an ordinary Elementary School. All were selected on the grounds of finding special difficulty in reading, though the extent of the difficulty in each case varied. As the result of a preliminary test with the Stanford revision of the Binet Scale it was found that their Intelligence Quotients ranged from fifty to a hundred and eleven, and thus the fact was revealed that no relationship existed between their Intelligence Quotients and their power in reading. The suggestion was therefore established at the outset that “inability to learn to read depends on a specific rather than a general defect although in school life such a defect may, because of its nature, simulate one more wide-spreading in character. This assumption was afterwards confirmed.

A series of experiments was then undertaken with a view to investigating each child’s ability to carry out the various forms of mental activity known to be involved in the act of reading in so far as it is limited to the recognition of words, letters and figures previously taught.

The experiments fall into three groups according to the special power they aimed at testing:—

- (1) Experiments to test the Powers of Visual Discrimination and Retention.
- (2) Experiments to test Auditory Discrimination and Retention.
- (3) Experiments to test the power of making Audito-Visual Associations.

The experiments established the fact that non-reading children have powers

equal to the normal in discrimination between totally unlike forms whatever the length of exposure time, and in learning from visual material when the *method* of learning is free and the forms easy to distinguish: but that they are inferior to the normal in distinguishing between forms only slightly different and in learning from visual material when the method employed must be chiefly visual, and when the forms are easily confused, such as digits. These special difficulties are probably attributable to slow discrimination of similar visual presentations, and faulty association between a visual impression and its appropriate name. Probably both causes operate in every case.

In the second series of experiments such inferiority as was shown by the non-readers was not so great as was the case when dealing with visual material, and there seemed to be no correlation between them. Defect in either capacity seemed to be specific rather than general. Thus there were certain children specially bad in reading whose auditory difficulties also were abnormally great, but whose general mental capacity was comparatively high.

From the "Associations" Experiments it was found that the non-readers made associations between meaningful material as easily as did the readers: but that they dropped behind when the similarity between the forms and sounds presented was increased.

Miss Fildes' main conclusions are as follows:—

- (1) That, as non-readers are found to be of all degrees of intelligence and the degree of failure in reading shows little correlation with the degree of general defect, it may be inferred that the defect underlying inability to read is to a certain degree specific in nature.
- (2) There is nothing in the results of the experiments to indicate the existence of any such region as a "visual-word" centre, the absence of or injury to which will make the visual recognition of words impossible. The defects found are not so strictly localised as such a hypothesis

would demand, for the word-blind individuals reveal special difficulties in dealing with material other than words. Further the implication of this theory that ability to read depends on the power to store up images of words has no psychological support; the recall of images is not in question.

- (3) The theory that the experiments do support is that "word-blindness" is but one aspect of a more general, yet still in itself specific, defect in either the visual or auditory regions or in both.

It is interesting to note that side by side with her purely experimental work Miss Fildes took in hand the teaching of reading to the word-blind children concerned, and at the end of nine months she was able to report that she "had not found one of them entirely incapable of learning any words or figures."

It may be of interest to readers to compare the above conclusions of Miss Fildes with those of Dr. Wallace Wallin, which are recorded in a pamphlet "Congenital Word Blindness. Some Analyses of Cases," giving an account of a special examination of a group of 95 Word-Blind children carried out in 1920, and may be summed up as follows:—

(1) Word-Blindness appears to be due to defective visual word imagery and its interpretation, not to defective apprehension or retention of ideas; but how far the seat of the trouble may be in the connection between the centres for images for spoken words and those for printed words has he considers yet to be investigated.

(2) The Word-Blind children in the group examined were found to be superior to the others of the same Intelligent Quotient in powers of general auditory and visual imagery and no lowering of general intelligence is *necessarily* involved in children suffering from this condition.

(3) The incidence of word-blindness, if the milder form is included, is greater than is commonly supposed and is apparently to some extent a sex limited disability. Thus in the group of cases examined it was four times as prevalent among the boys as among the girls.

It was also found that the milder form (dyslexia) was about five times as prevalent as the more serious form (visual aphasia).

Dr. Wallin concludes his pamphlet by urging the organisation of "special reading disability" classes where various methods and devices of teaching reading may be tried, and not until it has been demonstrated that a child has failed to respond to such intensive treatment should it be assumed that to attempt to teach him reading is an impossible task.

BACKWARD CHILDREN.

There has recently been published by the Birmingham Education Committee the report of an investigation carried out by Mr. Cyril Burt and Dr. B. R. Lloyd into the incidence and origin of educational backwardness in the schools of that city which no one interested in this particular branch of "Mental Inefficiency" should fail to study.

During the investigation Mr. Burt psychologically examined a limited sample of between 500 and 600 "Backward" children. These had all been also examined physically by Dr. Lloyd who continued his investigation until over 1,000 cases had been through his hands.

The results of the two enquiries are embodied in the pamphlet under consideration.

Regarding as backward all children whose mental ratio is on an average below 85% and over 70%, or in terms of standards all children who at 11 years of age or more are three standards behind or at 10 or under, two standards behind, the investigators calculate that Birmingham has 800 such children. This is roughly 10%, the same proportion that Mr. Burt found in London.

The question as to the causes of backwardness is considered under three heads:—(a) Physical Defects; (b) Psychological Defects; (c) Administrative and Social Factors. The data collected under (a) revealed an unexpectedly small difference in health between the normal and the backward groups dealt with, and the most that Mr. Burt can say on this point is that while the average child has three physical defects the backward child has four. Ill health cannot therefore be regarded as a

fundamental factor, though it is of course a contributory one and one that must be attended to. The prevalence of catarrh amongst the backward children examined is specially commented upon. Many of them, Mr. Burt reports, "were said to be scarcely ever without the symptoms of a cold," a condition which not only must increase inattention, but is frequently the forerunner of an unhealthy general diathesis resembling those termed rheumatic or tubercular. In only 5% of these cases, however, was physical defect the sole discernible factor.

Psychological defects on the other hand were found to be of great importance. From the investigations made it is estimated that 60% of backward children suffer from marked defect in general intelligence or educational capacity, apparently permanent and probably congenital. In nearly 20% of these cases this inborn capacity seemed the sole and sufficient cause, although in most instances there was associated with it some other extraneous factor such as ill-health or poverty.

With regard to administrative and social factors such as poor attendance, poor teaching, poor organisation in schools, poor home conditions, they appear in only 10% of the cases to be of more importance than intrinsic defect and the most frequent of such factors was bad attendance at school which was noted in nearly one-third of the backward children examined.

Dealing with the general question of causation Mr. Burt sums up his conclusions in the statement that backwardness is far more a psychological problem than a medical problem, being due primarily to inherent incapacity and only secondarily to ill-health or bodily disease.

But this inherent incapacity,—though the root cause—cannot, in the present state of our knowledge, be dealt with directly; the physical disabilities accompanying it can, and the need here is an investigation of their nature followed by an effort to remove or alleviate them.

To compensate for the mental disability, the most urgent need is the establishment of Backward Classes where each individual child

can be "studied, treated, and taught," and the report has sections containing suggestions as to the organisation of such classes and the educational methods suitable for use in them.

Mr. Burt, concludes his report by emphasizing the great need for further investigations into the whole problem in order that through the co-operation of the Medical Officer, the teacher, the social worker and the Psychologist the best solution may be found.

The last half of the Report is written by Dr. Lloyd on his Physical Examination of Backward Children. His conclusions were arrived at quite independently of Mr. Burt but the two found themselves to be in strikingly close agreement.

The Report is published by the Birmingham Education Committee. Copies may be obtained from the Education Officer, Council House, Margaret Street, Birmingham.

MENTALLY DEFICIENT CHILDREN: Their Treatment and Training. By G. E. Shuttleworth, B.A., M.D., etc., and W. A. Potts, B.A., M.D. etc. 5th edition. H. R. Lewis and Co., Ltd. 10s. 6d.

This invaluable book has for some time been out of print and we cordially welcome its re-appearance in a 5th edition.

The bulk of its material is unchanged and the book is too widely known to need a review, but there are useful amendments and additions to which we should like to draw attention as they may be taken as an indication of the extent and nature of recent developments in Mental Deficiency work in both its administrative and scientific aspects.

The "Historical Retrospect" has been revised and brought up to date, perhaps the most notable addition being an account of the New York Mental Deficiency Law of 1919.

The increasing stress which is now being laid on the significance of the endocrine glands in regard to development is specially referred to both in the chapter on "Etiology, Diagnosis and Prognosis" and in that on "Treatment."* Attention is drawn to the importance of these glands in connection with toxæmic in-

fections during pregnancy and to the possibility of averting the mental defect in the child which may result therefrom by glandular treatment of the mother at an ante-natal clinic—a suggestion of great interest.†

A further new feature of Chapter V which will be found very useful is a section on Mental Tests in which the various systems of tests now in use are recorded and discussed.

In the Chapter on the "Psychopathies of Puberty" an additional paragraph is introduced on the necessity of bearing in mind in diagnosing certain nervous affections the possibility of "Encephalitis Lethargica."

A brief discussion as to the value and limitations of the use of psychotherapy in cases of "Psychic" Epilepsy has been added to Chapter 8,‡ and at the end of the chapter on "Moral Training" the possibility of such treatment for moral delinquency is alluded to. This Chapter also contains a new section dealing with the work of Dr. Potts and Dr. Hamblin Smith in connection with the psychological examination of delinquents brought before the Birmingham Courts.

Lastly we would note in the Chapter on "Results and Conclusions" a summary of Dr. Fernald's Report on "After-Care Study of the Patients discharged from Waverley for a period of Twenty-Five Years."

A few changes have also been made in the illustrations.

If there are any workers amongst Mentally Defective children who have not yet read this book, we would strongly urge them to repair their omission without delay.

We would refer those of our readers who were specially interested in Dr. Robert Hughes' article on "The Mentally Unstable Child and its Needs" in our last number* to his recently published Annual Report where in the section entitled "Mentally Abnormal Children not included in the Mental Deficiency Act 1913," his views on the psychology of this type are re-stated a little more fully.

Applications for copies of the Report should be made to Dr. Hughes at the Education Offices, Stoke-on-Trent.

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PICTURES IN PAPER AND HOW TO MAKE THEM. By E. A. Newnham. E. J. Arnold & Son. 4/-.

SEX KNOWLEDGE, WITH A SPECIAL CHAPTER ON BIRTH CONTROL. By Norah March, B.Sc., Foulsham, London. Paper 9d. Cloth 1/6.

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MAJOR LEONARD DARWIN, Sc.D.,

(President Eugenics Education Society.)

WHEN investigating any subject, the student of science should not hesitate long before endeavouring to frame some theory or general law by means of which all the facts known to him would be brought into harmonious relationship with each other. Such a provisional theory having been suggested, exceptional facts or out of the way occurrences will be of especial value in testing it; for either, being valid, it will be found to fit in with all new material as it comes to hand, or it must be modified to make it do so. The student of medicine is also, though for different reasons, especially interested in rare and previously unseen types of disease; for, in his ordinary practice, he knows that he may at any time have to advise on such cases. Medical men and men of science, in consequence, acquire the habit of attaching great importance to all that may be found in the dark and unexplored corners of their fields of investigation; and they are doubtless right in so doing. But when previously acquired knowledge has to be utilized in deciding broad questions concerning social policy, this attitude of mind is likely to be misleading. According to a well-known adage, hard cases make bad law; and, in like manner, exceptional facts should often be neglected when considering how mankind can be most effectively benefited. Exceptions are often difficult to recognise, even though they may be known to exist; and to endeavour to recognise them all would often put an end to all social progress. Moreover, laws which are framed so as to be applicable to all alike are apt, in consequence, to command more general respect than when certain individuals are exempted from their operations. Of course, exceptions or minorities must often be considered; but it is, nevertheless, a common mistake to pay too much attention to them.

This conclusion, namely, that in social questions we ought to look mainly,

but not exclusively, to the effect of any proposed reform on the bulk of the population concerned, is as true when dealing with natural inheritance as with any other factor which has to be held in view in legislation. We ought, therefore, to pay especial attention to the broadest generalizations which can be deduced from our knowledge of the way in which natural or inborn qualities are transmitted from one generation to another. This knowledge has been acquired in two somewhat separate fields of research, which may be described as the statistical and the Mendelian: to these being added the time-honoured beliefs of the breeders of animals. In the statistical field we have learnt that offspring are *on the average* about half as near to the mean in regard to the measurement of most of their natural qualities, their height for example, as were their parents; and that similar numerical relationships exist between the average qualities of different groups according to the degrees of their blood relationships. In the Mendelian field individuals, rather than averages, have been investigated, with the result that it is now known that in regard to every natural quality, something is derived from each parent in accordance with laws which are becoming more and more accurately ascertained. At one time it seemed as if there were a certain antagonism between the results obtained in these two fields of enquiry; but lately it has been shown that the statistical results, dealing with averages, are closely in accordance with what we should theoretically expect to find when qualities are dependent on many Mendelian factors. The Mendelian conclusions have, moreover, been greatly strengthened in recent years by the microscopical examination of the processes of reproduction, which are found in many respects to run closely parallel to Mendel's theoretical deductions. Finally, all that the breeders of animals have known for so long is confirmed in broad outline by modern science. Now those who have studied with care all this mass of learning and experience gain an indelible idea of the power of natural inheritance and of the inevitability of the laws by which that power is directed, and the broadest lesson to be learnt by social reformers, in connection with natural inheritance, is the recognition of its inevitability.

The doctrine that the laws which govern natural inheritance are immutable is often strongly resented, a resentment which is in great measure due to a misunderstanding of the truth thus intended to be conveyed. All who have had even an elementary mathematical education know that any two forces, although they may be studied quite separately, may nevertheless be represented or replaced by a single force acting in the direction of their resultant. If the strength of one of these forces were to be increased, no doubt the direction of their resultant would, in consequence, be somewhat altered, even though the other force continued to act as before. What is now needed by the public is what may be described as a lesson in elementary social statics, by means of which it would become evident to all that a grown man is the resultant of two great forces, his natural inheritance and his environment, each of which may be separately studied. The natural start which our neighbours received at birth cannot now be altered; but this unalterable factor can never prevent us from having innumerable opportunities of benefiting the present generation by attending to the other great factor, that is, to the mental and physical environment of our fellow citizens. When looking to the more distant future, natural inheritance must not, however, be regarded as an immutable factor, and the science of genetics opens out before our eyes new hopes of human betterment by showing us how this other factor also may slowly be improved.

Another reason why modern scientific views in regard to heredity are not

readily accepted by the public is the failure to perceive how simple are some of the fundamental conceptions on which science is built. All the lessons which science teaches us in regard to practical affairs are dependent on past experiences and are founded on the belief that such experiences are the best and indeed the only guide we have in regard to our conduct in the future. A natural law means little more than a statement of what has happened in the past and what will, therefore, occur in like circumstances in the future. We know, for example, that whenever the children of two feebleminded parents have been examined, they themselves have practically always been found to be mentally defective; and we may, if we like, declare it to be a 'law' that if we allow such unions to take place, the chances will be several hundred to one that every child born in consequence will be either feeble-minded or otherwise mentally defective. Again, our experiences in the past indicate that if the family histories of mentally defective children are examined, it will be found that over 80% are descended from a pronounced neuropathic stock, including cases of insanity, epilepsy, paralysis, etc.)* Moreover, the more carefully these pedigrees are studied the greater becomes the percentages of cases in which natural inheritance must be regarded as being one of the causative factors. From past experiences we may, therefore, fairly conclude that at least 80 per cent. of aments "are the products of a defective germ plasm." Accepting this as a fact, we may declare it to be a 'law' that if parenthood be permitted in the case of a mentally defective person, and if a family tree will thus, as it were, be created which will spread out in the future to the same extent to which the investigated pedigrees spread out into the past, it also will be found in at least four cases out of five to be of pronounced neuropathic stock and to contain an excessive proportion of mentally defective, insane, epileptic, and paralytic persons. This is the simple broad conclusion on which should be based our social policy in so far as affected by the inheritance of mental defect, the twenty per cent. or so of cases in which a normal stock might thus perhaps be created not being allowed to stand in our way.

In many cases the defective germ plasm should no doubt be regarded as merely being a contributory factor which, had the surrounding conditions been perfect, would alone have been insufficient to have produced certifiable mental defect. But here we see the importance of recognizing that we are dealing with the resultant of two independent factors, the hereditary and the environmental, and that each of these factors would be capable of exerting an influence of some kind whatever might be the influence exerted by the other. Every effort should unquestionably be made now and in future to rid the world of all harmful environmental factors tending to make mental defect more probably in the individuals affected or in their offspring, these probably including accidents to and infectious diseases of the mother or child, drunkenness, and bad feeding; for in this way, besides many other obvious benefits, the amount of mental defect in this generation and in the future would be somewhat diminished. It ought to be acknowledged, however, that by eliminating these contributory causes of mental defect, we should be doing nothing whatever towards ridding the world of this inferior neuropathic stock, a stock certain always to be the cause of much human misery. Indeed these beneficial improvements to human environment would tend to somewhat increase this heritage of evil; for such reforms would result in a certain number of otherwise mentally defective persons becoming *apparently* normal and therefore more likely to marry. Philanthropists should be amongst the first to search for any means of

* Mental Deficiency. Tredgold. 3rd Edit., pages 41 and 91.

obviating the harmful effects which must inevitably, in a measure, tend to accompany their splendid work.

Although "mental defect is but rarely caused by injurious external factors acting alone;" yet, in a considerable minority of cases, environmental influences are held to be the sole cause of feeble-mindedness.* As to mental defectives of this type, whose malady is in no way due to a defective germ plasm, to assert that there would be no reason to anticipate that their offspring would be abnormal would, however, be by no means equivalent to asserting that procreation would be quite unobjectionable in their case. Surely all must admit that there is no element of human surroundings of greater importance to a child than the character and qualities of its parents, and that to be brought up by a feeble-minded person is a serious disadvantage. Moreover these harmful environmental influences are in a measure contagious, their effects not being confined to the family primarily affected; from which it follows that, even if natural inheritance counted for nothing, the higher the average mental capacity of parents, the better it would be for the nation as a whole. It may perhaps be urged that the harm done by permitting parenthood in the non-hereditary cases of mental defect would be entirely obviated by all children being taken away from their homes in such cases; a plea which, however, cannot be admitted for several reasons. In the first place no other person can fully supply the place of the natural parent. Then again, there exists a close relationship between infantile birth and death rates, and the removal of children from their homes not only increases the number of births in such homes, but also results in some children surviving who would otherwise die in infancy. It follows that to permit parenthood in the case of the feeble in mind when such cases are judged not to be hereditary, whilst removing some but not all of the children from such homes, would result in an increase in the number of persons either brought up by a feeble-minded parent or being without the advantages of parental care. Lastly it would inevitably happen that by mistake some individuals with a natural neuropathic endowment would be included amongst the entirely non-hereditary cases, with the result that such a boarding out policy would cause some increase in the number of mentally defective persons in the coming generations. The only safe rule to adopt is to prohibit parenthood in all cases of feeble-mindedness, to whatever origin the malady may be assigned.

"The first duty of medicine is not to cure disease, but to prevent it," and "if we are to grow a sound and healthy race of men we must begin, where all true breeding begins, at the source."† This being the case, we are certainly driven to enquire into the ultimate causes of mental defect, a subject on which we are as yet very ignorant. When the struggle for existence was in full operation, that is in bygone ages when man lived like a wild animal, amentia of all kinds was doubtless being comparatively quickly stamped out. It does not seem probable, therefore, that existing germinal defects of this kind can be traced back to any period of remote antiquity. Adverse influences must have been at work in historic times; and, according to Dr. Tredgold, the chief of these influences "would appear to be chronic alcoholism, tuberculosis, syphilis, and the hurry and scurry, with their attendant stress, excess and dissipation of modern life."‡ Assuming this to be the case, would our knowledge that these were in fact the ultimate causes of amentia materially affect our policy in regard to it? I think

*Mental Deficiency. Tredgold. P. 23.

†An outline of the Practice of Preventive Medicine. Sir G. Newman. Stationery Office. 1919. Pp. 5 and 46.

‡Mental Deficiency. Tredgold. Pp. 502.

not, for the following reasons. In the first place, we have seen that in over four cases out of five, the feeble-minded child is descended from a pronounced neuropathic stock; and it is therefore fair to assume that in less than one-fifth of the cases of mental defect could the evil have been entirely due to something which occurred in the preceding generation. In a large majority of the cases in which the feeble in mind are allowed to become parents, the abolition of these injurious influences could not, therefore, wipe out the harm thus done to posterity; and it is to the majority that our attention should be mainly directed. Doubtless to abolish the final causes of hereditary amentia would ultimately confer an enormous benefit on posterity by continually but slowly lessening the amount of mental defect as the generations succeeded each other. But as regards these alleged causes, efforts are now being made to remove every one of them; and the hands of those engaged in this good fight could be but little strengthened by the assertion that they were thus *probably* helping to lessen mental defect amongst future generations. Indeed a cause is generally weakened rather than strengthened by the introduction of disputable arguments in its favour; and certain authorities still hold that the causes of amentia are disputable. Dr. Goddard, the leading American expert, for example, declares that he is compelled to admit that it cannot be proved that alcohol was an ultimate cause of the cases of feeble-mindedness examined by him, and that "everything seems to indicate that alcoholism itself is only a symptom" of the presence of neuropathic hereditary defect.* Again, as regards syphilis, the same authority considers that of all the alleged causes of feeble-mindedness, "there is none for which there is less evidence."† But even if we are, as I am inclined to believe, still groping our way in the dark in our search for the ultimate causes of amentia, yet our ignorance on this point affords no excuse whatever for not striving to rid the world of the evils which will arise in the future from the damage already done to the human germ plasm, be the ultimate causes of that damage what they may.‡

Even as regards the cases of feeble-mindedness which are admittedly derived from a neuropathic stock, education and physical care have been advocated, not only for the sake of the individuals themselves, but also to prevent this defect from being passed on to posterity. No doubt a considerable amount of expenditure in this direction is justifiable, both on account of its economic consequences and because of increase in the happiness of this unfortunate class which is thus obtainable; but the belief that the innate tendency to amentia could be materially lessened in the course of a few generations by great care always being taken of mental defectives is unsupported by any direct evidence and is in opposition to the opinions of all the leading scientific experts. The students of genetics have, it is true, become less dogmatic in recent years in their denials of the possibility of environmental effects being inherited; but none of them hold out any hopes that the effects on the inborn qualities of succeeding generations resulting from the education of their ancestry would be appreciable for centuries. And here again it must be remembered by the admirable band of workers in this field that to make the feeble in mind either more capable of self-support or appear more normal may tend to make them more likely to marry and thus may increase the amount of

*Goddard. Feeble-mindedness, its causes and consequences. Pages 479 and 492.

† Ibid, p. 518.

‡ If some cause of amentia producing no immediate harm were to be discovered its recognition would be of great importance. That this is possible can hardly be denied, seeing that in Stockhard's famous experiments, the alcoholised parent guinea pigs were in no way visibly injured, whilst deformities appeared for many generations amongst their sober offspring.

mental defect in future generations. The advocates of kind treatment for all aments should be the first to join in the eugenic campaign against this evil.

How then is hereditary mental defect to be lessened in the coming generations? As regards existing neuropathic stock, that is, as regards the bulk of mental defect, this can only be accomplished by the prevention of parenthood amongst those likely to transmit this evil heritage to posterity. And how is this to be done? On this point I must be brief and therefore dogmatic, both because of the space available and because many of my readers are better equipped than myself to answer this question. In fact I can do little more than state my own conclusions without comment.

As regards the feeble-in-mind, the only class of aments in which the question of parenthood practically arises, segregation, or confinement in comfort with the sexes kept apart, is the plan universally advocated by those having the widest experience in these questions, whether looking to immediate or to future results. It is both kind and effective; and, in view of enormous cost which would fall on posterity if the feeble-in-mind were allowed to propagate freely, it is undoubtedly economic in the long run. It will, however, probably be long before either parents and guardians or the government will recognise these facts; the necessary accommodation will not be forthcoming for years; and unreasonable objections will continue to be raised against the removal from home of mentally defective relatives. For all these reasons large numbers of the feeble-in-mind will probably for long have to be boarded out or allowed to remain at home, even when segregation would be far the preferable course. Many experts appear to consider that it will not be difficult to decide in which cases adequate precautions against procreation can be taken and will be taken; and as my own unaided judgment would lead me to view this confidence with the gravest doubts, I can only hope that here I am in error. On this point I must, however, remind myself of the principle which I have been advocating, namely, that exceptions to a rule must not be allowed to carry too much weight; and, this being the case, a boarding-out system ought not to be condemned should it result in a very small proportion of illegitimate births. Nevertheless it appears to me that sterilization ought now to be adopted as a voluntary measure; that is to say that, when guardians voluntarily allow their wards to be sterilized, that fact should be taken into consideration by the authorities when deciding whether or not segregation should be enforced. Though sterilization is now a very simple process, and may become even more simple in future, yet the ill-founded prejudice against it is still very strong; and it is certainly no use pressing for the immediate adoption of a reform whilst public opinion remains definitely hostile. I must, however, record my opinion that if racial deterioration is to be prevented, sterilization will have to be employed sooner or later.

In conclusion, let me plead for the recognition of the fact that as to the complete prevention of parenthood amongst the feeble-in-mind, immensely valuable as would be that measure, it yet might take a period of time only to be estimated in centuries thus to rid the world of all the relics of the existing neuropathic stock, with its inevitable accompaniments of crime, drunkenness, prostitution, poverty and ill-treatment. If this be so, should we not seek to ascertain in what cases parenthood ought to be discouraged or prohibited in the case of the apparently normal members of families which are evidently badly endowed by nature? To act effectively in this direction, more knowledge than we possess is needed, and further research in regard to the pedigrees of neuropathic stock is much to be desired, a field in which lamentably little is being done in this country. There

are, moreover, even wider questions in connection with heredity which must be investigated. For instance, can we rest satisfied with the results of the mental examination of the American recruits, results which indicate that ten per cent. of that great nation are destined never to advance in natural intelligence beyond the 'mental age' of ten years? * Here is a vast field for research. What is the relative fertility of these different mental age groups? To what extent is innate intelligence hereditary? Do the ascertained facts indicate that feeble-mindedness is an excessive form of a common defect, or is it a disease apart? What are the average 'mental ages' of normal members of neuropathic stocks of different types? If England is to do little to solve these vastly important problems, let us hope that America will continue to be more active.

Our existing knowledge is, however, amply sufficient to keep us busy for some time to come. No doubt those who wish to oppose all racial progress cannot do better than continually to emphasize the fact that there are exceptions to almost every rule, and that to follow any general plan must generally involve dealing erroneously with a minority of cases. To plead ignorance is a most effective method of obstruction!

Classes for Dull and Backward Children.†

X
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BY MISS K. L. MARSDEN. Inspectress of Infant Schools, City of Nottingham Education Committee.

To all who are dealing with the problem of the Dull and Backward Child the recently published Report of the Medical Officer of the Board of Education will afford some interesting reading.

In the December issue of the *Journal of Education* you may have noticed the following paragraph.

"Another problem dealt with by the Board's Medical Officer which we select for special comment is that of the dull and backward child, familiar to the organisation of an elementary school as the child who does not march stage by stage in normal progress through the school. Omitting cases of such slight retardation as fall within the range of 'standard deviation' for the particular age, we are still left with about 10 per cent. of the older children classed as definitely backward. About two-fifths of these cases are due to such non-mental factors as irregular attendance, inefficient teaching in earlier years, and physical defect. The remaining three-fifths are due to apparently inborn mental factors. In some cases special classes, with liberal substitutes of manual training in place of the ordinary subjects of the curriculum are provided. The report points out, however, that manual work is not a panacea for backwardness. There is great need for schooling under the best health conditions—open air work, adequate feeding, exercise and rest, and for the proper understanding of the mentally weak child. In connection with the latter requirements there is abundant room for expert research. In one way it seems absurd to spend money so freely on the backward child; but, until

* Standing alone such statements as these may be very misleading, for it is only "intelligence" which is in question, and reference must be made to original works before the meaning intended to be conveyed can be fully understood. See, for example, *Human Efficiency and Levels of Intelligence*. Goddard, 1920, Oxford Univ. Press.

† Paper read at the Tenth Annual Conference of Educational Associations, 1922, University College, London.

social conditions make the production of such children less common, the problem will remain as a large and difficult one. At present it affects about half a million children of school age, and probably not less than four millions of the whole population."

The development of Special Classes for Dull and Backward Children has been very considerably retarded by the conditions which have obtained in England since 1914. This is better understood when it is realised that the formation of one of these classes in any school entails giving up a classroom the accommodation of which may be for from 40 to 60 children and using it for a class of which the number on roll does not exceed 30. It also means the full time service of a very capable teacher and some additional cost per head for materials as nearly every lesson involves Handwork of some kind. It may be hoped that with improved conditions the difficulties in the way of forming these classes will disappear.

My experience with these special classes has been gained entirely in the city in which my work lies at the present time and I shall therefore deal with the conditions under and for which we are working there.

These classes must not be confused in any way with the Special Schools for Defectives. The classes for Dull and Backward Children are as much a part of the school to which they belong as any other class in that school. Some of these classes are attached to Infants' Schools, some to Senior Mixed Depts., and others to Boys' and Girls' Depts. The classes which are attended by children between 7 and 10 years of age in the case of girls, and between 7 and 9 years of age in the case of boys, are attached to Infants' School or Junior Depts. Backward children of this age respond more successfully to the discipline and general atmosphere of an Infants' School than to that of a Senior Dept. The teacher also has been trained on the lines of Infant School methods.

It is advisable that the older boys and girls should attend a class which is part of a Senior Dept. In the playground they mix with others of their own age, and in school work they can, if necessary and desirable, be grouped with other classes for such subjects as Singing, Needlework and Drawing. The other children can be taught to look upon them as members of a small class, not in any sense as being members of a 'silly' class which is a term that is often attached to children who attend a Special School. The attitude of the rest of the school towards these children depends, as you will all realise, upon the attitude of the staff towards it.

The parents of the children who are recommended to attend these classes often object, on the ground that the class is for defectives. These objections are overcome by explaining that the class is in an ordinary elementary school, but that it is half the size of the other classes in order to give children who are backward in any way much more individual help. A visit by the parent to the class sets her mind (for it is usually the mother who calls about these matters) completely at rest.

If the class is attached to a Senior Dept. there is nothing derogatory to an older child in being put into it. It is advisable that the class should rank with the middle or Senior School standards IV. or Lower V., rather than the Junior Dept., as it will be composed of children of 10 years and upwards.

These classes may be formed in two ways. It may be composed entirely of children who are in attendance at the school at which the class is held, or they may be composed largely of children who have been in attendance at other schools in the neighbourhood. In order to effect a transfer from a normal to a Special Class the Head Teacher or Mistress is notified by the class teacher that the work of the child in question is markedly below the average of the class in which he is placed.

The child is examined by the Head Teacher, the case is reported to the local Inspector who supervises the work of the Dull and Backward Classes, and after another examination the child is recommended for transfer to a Special Class. In addition to this the Education Committee's Medical Officer is asked to examine the child who appears to be normally dull, not merely backward. In some cases the child is certified as being suitable for a Special School, in others a further mental examination may be made in 3, 6 or 12 months. A child who through extreme nervousness, backwardness or ill-health has failed to make any progress in a class of 60 children of approximately the same age as himself, in many cases becomes a new creature in a special class in which the children are taught individually or in groups.

There is no fixed time for transferring children to and from these classes, for at any date in the term a new admission may be found to be backward, or a child who has been excluded for illness may return in a nervous condition. If these children are put into a normal class of 60 (unfortunately classes of this size still exist) they may be utterly lost, the backward child loses ground and the nervous child is in danger of becoming neurotic. The work of the class is in no wise interfered with by these transfers in and out of the class as all the work is conducted on individual and group lines. The new entrant does not feel to be behindhand, for his work is not constantly compared with that of others, he is encouraged not to do better than others, but to do *his best*.

When a child is considered to be ready for transfer to a normal class, the Inspector is notified and the child is examined and transferred as soon as possible. It is found to be of little use to remove a child from the Dull and Backward Class until he can read a Standard I. or II. reading book fairly easily. Marked improvement may result in some cases in transferment from the Special Class to the class to which the child should belong by age, in other cases the child's mental age may be a year below the average and he is then transferred to the class for which he is best suited. From the Junior Dull and Backward Classes children are usually transferred to Standards I. or II. and occasionally to Standard III. One of the teachers finds that 10% of the backward, not dull, children are able after two years in this class, to work with children of their own age in every subject except Arithmetic.

If the class is composed of children who come from outside schools there are difficulties of transit to be met. Arrangements are made to place each child at the nearest school to his home, and if necessary car fares are paid by the Local Authority. At the present time the schools at which it is possible to form these Special Classes are those in which the number on roll is less than the accommodation of the school, as only in those buildings is it possible to give up a 60 room for 30 children. Under these circumstances some of the children have to come distances which can only be covered by car; this of course is a very undesirable state of affairs. I hope we shall not feel satisfied until every large department has its Special Class in its own building. Experimental work is proving that the number of 'Retarded' (I believe that is the term used by officials of the L.C.C. Education Departments) children is far in excess of the number for which any provision has been made, and until these children are taught as they should be, we are not only wasting their very limited mental power, but also the ability of the children who classified with, could if separated from them, progress at a greater rate.

These classes are composed of Dull and Backward Children; the difference between the two is very great. The backward child is not necessarily defective,—he is backward for many reasons, prolonged absence through illness or through

change of school consequent on change of the father's work, irregular attendance due to negligence at home, or it may be to the child's lack of interest in his school work, because on account of his backwardness he is always in difficulties over his lessons, often the butt of his fellows, and feels that he is seldom successful in pleasing his teachers, therefore there is no incentive to him to attend regularly.

The Dull child is often a borderline case, he may improve, very slowly it is true, and in some instances almost imperceptibly, on the other hand as he gets older his dullness declares itself to be due to some serious mental defect, and he is, if necessary, transferred to one of the Special Schools.

In one class in the city which is in a very poor neighbourhood 12 or 13 of the 30 children are classified as Dull, the rest being Backward owing to long absences from school.

A record of each child is kept when he is admitted to the class. Particulars are forwarded on a special Report Form drawn up for the purpose. This form gives as accurately as possible the number of attendances the child has made up to the time of his admission to the Special Class, the number of schools he has been in and his mental and physical characteristics. The detailed progress which the child makes in each subject, together with records of physical and moral developments are entered in a register kept for that purpose.

Marked ability in any direction is encouraged; at the present time a boy of 12 who will probably remain in the Special Class until he leaves school, is attending the School of Art two afternoons a week.

A child may be as short a time as three months in the Special Class or he may remain in it until he leaves school. The following are records of the time spent by different types of children in one of these classes:—

SCHOOL A.

Record of last 24 promotions.

No. of Children.

Time in Class.

1	5 years. Three years absent through ringworm on scalp. During the whole period made 365 attendances.
1	3½ years. A very dull boy.
1	3 years. do.
2	2½ years. One a very intelligent boy, but found it most difficult to learn to read.
8	2 years.
4	1½ years.
4	1 year.
3	6 months.

SCHOOL B.

There are three Special Classes in this school. Seventy-four children admitted during the year. August 1920—July 1921. Of these, eight returned to their own schools:—

3	returned after 2 months.
2	„ „ 5 „
1	„ „ 6 „
2	„ „ 11 „

The three cases of rapid improvement were two in Arithmetic and one in Reading.

Twenty other children who had been in the Class more than a year also returned to ordinary schools during the period 1920-21 :—

2	after	4	years.
2	,,	3	,,
10	,,	2½	,,
3	,,	2	,,
3	,,	1½	,,

During the year three out of the 74 admitted were transferred to schools for the Mentally Defective.

Methods of teaching. Practically the whole of the work is taken on individual and sectional lines.

Appeal is made through interest in pictures, objects, educational games and handwork of every kind.

It has been found that the "Look and Say" and "Word and Sentence" method of teaching reading are more successful with these children in the first stages than any other. The teacher finds that the simple matching games—such as matching pictures with pictures, picture and word with picture and word, picture alone with separate word, etc., appeal in a way that phonetics never do. The motor activity involved in handling the apparatus is, as you know, a valuable means of stimulating mental activity, as also are cutting out, drawing and working clay. Work of this kind even the dullest can attempt with some measure of success, he is surprised into discovering what he *can* do, not what he cannot, and when once this type of child has realised that he can do something quite correctly by himself, his self-respect begins to assert itself and from that time he begins to make progress.

For Reading and Number Work apparatus of all kind is used. It is important that the apparatus should be progressive, and in the earlier stages self-corrective. The apparatus is planned to meet the needs of the child's developing ability and is constantly being added to, improved upon and renewed.

Number Work is based on the use of the concrete. A good deal of time is given to shopping exercises as these are most familiar to the children and make excellent foundation for other work.

The apparatus used in teaching these subjects is similar to that which may be found in any good Infants' Schools in which the work is planned on individual and sectional lines. Some of the apparatus is that which is issued by the Educational Publishing Firms, but the main part of it must be planned to meet the needs of the class, and in association with the interests of the moment, and must therefore be the outcome of the teacher's observation of the developing mentality and of the interests of the individuals in her class. Besides the apparatus, there are books of all kinds ready at hand when the child is ready for them.

A very great deal of time is given to the teaching of Language which includes reading, writing, composition, poetry, stories, &c. Without the ability to read and the power to express himself intelligibly, the child can make little progress, he is quite helpless in a normal class until he has mastered these arts. A child who cannot learn to read should remain in a Special Class—he can be promoted from a Junior to a Senior Class as he grows older.

About half of the time given to secular instruction is occupied in some form of Handwork. The fact that the child can see some definite result of his labours is a powerful incentive to making further effort.

A backward child who has come from a normal class often has had little or no opportunity of seeing tangible results, for reading and arithmetic and other sub-

jects with which his time has been occupied, have yielded nothing of this kind for his labour.

The physique of many of these children is markedly below the average, careful attention is given to the physical work, the syllabus of the Board of Education is modified to meet the requirements of the class and the Education Committee's Inspectors of Physical Training have drawn up schemes which it is felt will be instrumental in aiding these cases of retarded mental and physical development.

As much work as possible is taken in the open air but more should and would be done in this direction were the conditions more favourable.

The teachers of the Special Class should be naturally attracted to this type of work. She should be an excellent teacher, possessing artistic and musical ability and a gift for hand work. Her manner should be quiet and effective and she should be of a cheerful disposition and enjoy life. She should be a student of mental development, keenly observant and very ready to sympathise. She must be patient and encouraging all the day long.

Enthusiasm, originality and a sense of humour will make her work possible when otherwise she might succumb to the apparently insurmountable difficulties that are presented on all sides during every hour of the day. That such teachers are to be found is my very happy experience.

The value of these classes is admitted by the teachers who deal with them directly, and by those who having done their utmost with little success to help these children in a normal class, find after they have been in a Special Class for 6, 12, or 18 months that they are without exaggeration 'new creatures.' May I refer here to some special cases of improvement.

- A. *Boy* who had had meningitis. When admitted to the class he knew very few words and those only by 'Look and Say' method; word building was poor. He seemed to be sullen; with individual attention he was able to be transferred to a normal class in six months time and was altogether a much brighter boy.
- B. *Girl*. A bad case. Admitted from another school when eight years old. Head Teacher reported M.D. Child stuttered badly and was very nervous. In two years' time her speech was fluent, nerves apparently better, and she was able to read and to work Std. I. sums well.
- C. *Boy*. Remarkably dull, unable to copy in correct order either letters or figures. No idea of sounds of letters. It took three years for this boy to make sufficient progress, but when he left his work was very good.

It is only possible to touch on a very few of the many reasons why these classes are so valuable. First and foremost these children need all the individual attention they can get, and in a class of 30 they get twice as much as in a class of 60 children. They need this individual attention not only to enable them to learn to read, to do arithmetic and so forth, but in order to help them to develop normally in other directions, for these children are all subnormal in some way, they may be neurotic, highly nervous, victims of neglect at home, defective in hearing or speech, or suffering from some other physical disability. Unlike the imbecile, they are conscious of their inferiority and are in consequence often dull and apathetic, resentful and suspicious, they lack self-respect and they have little or no joy in life. In these classes the children re-gain their self-respect, for by the teachers' notice of such things as clean hands, tidy hair and quiet movements, etc., a boy or girl may win words of praise which arouse in them feelings which have never been touched before. Again these unhappy children have a chance of com-

ing into close contact with a happy healthy being, the nervous child is coaxed and chaffed out of his nervousness, he is not required to stand up before a class of which he is the dullest member and expose his ignorance and nervousness, he is expected to go on quietly with his own work in his own way. The neurotic child is trained to be sensible and exercise self-control for she has little public notice taken of her eccentricities, and consequently they disappear. The neglected child may be lawless or timorous, but there is little excitement in being lawless without a following, and when all the other children in the class are engaged in their own individual pursuits the following is hard to secure.

It has been found that the children are much happier in these classes than in those which are composed of children of their own physical age but whose mental attainments are normal. In these classes children from 7 to 10 years of age work together thus avoiding the necessity of placing them with children of their mental age who may have reached their 6th or 7th year only. In a slum school this is an important factor as these backward children are often developed in advance of their years in undesirable ways.

By organising classes of this type the children associate with others of their own age in a way in which it would be impossible for them to do had they remained in a normal class. With skilful teaching they are also able to get a longer time among senior scholars than they would otherwise have done.

Previous to the formation of these classes it was not an unknown occurrence for children in the slum districts to leave school having reached the 3rd Standard and being quite unable to read or write with any facility. The work of these classes is in an experimental stage. Specially trained teachers are required for them as much as for work in the recognised schools for defectives.

The classes are helping to deal more satisfactorily with these retarded children but the problem will remain a large and difficult one until it has been brought to bear upon the half million children of this type to which the Medical Officer of the Board of Education refers in his report.

A New Graded Scheme of Needlecraft for M.D. Institutions.

THE Course of Lessons in Needlecraft for M.D. children, given to Special School Teachers who attended the C.A.M.W. Short Course held recently in London, forms the basis of a very interesting and practical sewing scheme just issued by the Education Association, and E.N.A. School of Needlecraft of London.

The Scheme is worthy the study of all Special School Teachers. It aims in its earliest stages at developing in the M.D. child the ability to sew *correctly*. The lessons start at the very bottom of the scale and proceed, by easy and attractive stages aided by some very simple apparatus, to develop not only the facility in clumsy fingers to make the right kind of stitches, but also to impart that degree of love and understanding of the task which must precede any permanent educational results.

The lessons are primarily concerned however in bringing the M.D. child to the point where the normal seven year old child starts, that is to say to the point where the making of simple, attractive household articles with ordinary needles, threads, and fabrics is possible. The lessons then proceed along ordinary lines to the making of more advanced articles, garments, etc., always of course by carefully graded steps.

The "Universal Line Alphabet."

The authors of the lessons show that all instruction in writing, drawing, geometry, or sewing proceed from the basis of simple straight or curved lines. The sewing lesson is cor-related with the first three subjects, as well as with simple cutting out. The straight lines, circles, half-circles, loops, etc., are formed into simple familiar objects, Capitals and Borders. These are shown on a series of very suggestive illustrated sheets.

New Needlecraft Stitchery.

No minute stitches sewn in self-colour are used in the Scheme. This method of sewing is held to have been largely responsible in the past for the eye and nerve strain so prevalent among school children. Tiny stitches are moreover deadening to the imagination. The new stitches are called "pattern stitches" (the straight lines, in their various combinations, form the basis of these stitches). The larger stitches are sewn in colours that blend with the background material. The method provides a channel of self-expression to the little sewer, in a way not possible with the older method. The sewing lesson becomes a lesson in Art, in the blending of beautiful shades in threads and cloth, and the invention of ever new forms of stitches. The handling of the colours opens the door to beauty, and sets free the imagination. For this reason Schools and Colleges everywhere are adopting New Needlecraft methods of sewing, especially in the younger classes.

First Sewing Apparatus.

A simple mat, made of firm but pliable material, with edges turned over to ensure it lying flat in working, is used for first sewing exercises.

Simple upright, horizontal and sloping lines are worked upon this with a large wooden needle and thick, bright coloured threads. The Mat is bored with large holes and the nature of the material allows of the needle passing in and out from the front.

From this Mat the child passes to a series of interesting sewing exercises upon Canvas, which approximates more to ordinary sewing fabric, but which still provides the necessary degree of guidance and measurement for fingers lacking skill and control. Needle and threads become smaller in these lessons. The simple but beautiful designs in the coloured thread, which are sewn upon the Canvas Plaques, are first drawn before being worked on the fabric. A series of Canvas Mats are the next specimens made. These embody lessons in elementary construction: tacking, hemming, and cross stitches are employed. These simple and easily made specimens make quite charming and decorative little table or side-board mats. Indeed throughout the whole course, with the exception of the very first exercises, the authors have steadfastly kept in mind that every article made shall have a definite purpose and use in the child mind, that it should be something which the child can not only experience the joy of making, but which can find some place, however simple, in its own home.

Picture Building and Appliqué Work.

One section of the lessons deals with the reproduction upon cloth of designs shown on the Illustrated Sheets, and other simple floral, geometric, animal, and bird designs. The method is made simple enough for undeveloped fingers to manipulate. Afterwards the designs are cut out and applied to cushion and chair covers, table-centres, tea cosies, etc. These exercises are preceded by tracing, colouring, and cutting out simple designs of cats, dogs, sheep, chickens, houses,

etc., in stiff paper, and sewing or pasteing them upon sheets of paper or cloth, in the form of pictures.

When the power to make correctly the first little specimens, mats, runners, needlecase, bookmark, etc. from ordinary sewing fabrics, has been won, the child passes naturally to more advanced articles of dress and of household use.

Both the needlework processes and the blending of the various shades in thread and material advance in accordance with developing brain and hands, but in every lesson there is present the same irresistible appeal of beauty and usefulness that cannot fail to win the interest of any sewer, whatever the age or mental capacity.

The more advanced specimens include such articles as Baby Feeder, French Pinafore, Girl's Overall Frock, decorated Nightdress Case, Table Centre, Handkerchief Cases, etc.

Teachers May Inspect the Scheme.

The Edu-Craft Association have arranged to send the entire set of lesson specimens, with a full explanatory pamphlet (which need not be returned) to any School or Teacher desiring to study the scheme, for a fee of 5s., plus 1s. postage. The specimens are sewn in beautiful colours, and each of the various exercises can be copied, and so introduced into School, without further charge.

Inspection of the lesson specimens is a delightful educational experience, and the offer made by the Association is a generous and practical one. To have the whole scheme of lessons placed before one, with each process worked out in exact detail, is the next best thing to taking a personal course of instruction, and lacks some of the disadvantages attaching to the latter course. I hope the greatest possible advantage will be taken of the opportunity offered. The Secretary's address is 307, Evelyn Street, Deptford, S.E.

F. GLASIER FOSTER.

We commend the above scheme to the notice of all who are concerned with the occupation and training of defectives, as they will find, we think, that it supplies a need which has been long felt. ED.

Notes and News.

Conference on Mental Deficiency.

The Conference of the C.A.M.W. of which provisional notice was given in our last issue, will be held at the Caxton Hall, Westminster, on Wednesday and Thursday, July 26th and 27th. The first day will be devoted to the discussion of "Mental Deficiency in Relation to Crime" when—with Sir Leslie Scott, the Solicitor General, in the Chair—Sir Bryan Donkin, Member of Prisons Board and late H.M. Commissioner of Prisons, Dr. Norwood East, Medical Officer of H.M. Prison, Brixton, Stuart Deacon, Esq., Stipendiary Magistrate of Liverpool, and Mrs. Patrick Green, J.P., Colchester, will give papers, the proceedings being closed by an address from the Rt. Hon. Lord Justice Atkin.

The second day—when the President of the Board of Education has consented to give an opening address—Dr. Brackenbury, Chairman of the Education Committee of the C.A.M.W., will submit a paper on "Economic Difficulties which Prohibit the Development of Special Schools—some Alternative Methods of Education for certain grades of Mentally Defective Children" to be followed by discussion opened by Spurley Hey, Esq., Director of Education, Manchester.

Lt-Col. Alderman W. E. Raley, President of the Association of Education Committees will be in the chair. In the afternoon Mrs. Anderson, Case Secretary, C.A.M.W., will speak on "Occupation Centres" and there will be short addresses on the work of their own Centres by Miss Elfrida Rathbone (London), Miss I. M. Brayn (Portsmouth), and Mrs. J. Cooke-Hurle (Somerset). The second part of the afternoon will be devoted to a discussion on "Working Hostels and other Non-Institutional Methods of Dealing with Defectives" to be opened with a paper by Miss Ruth Darwin, Commissioner of the Board of Control.

Tickets, price 2/6 each, can be obtained from the offices of the C.A.M.W., 24, Buckingham Palace Road, S.W.1.

The Question of Sterilisation.

A series of articles has recently appeared in *The Morning Post* under the title "The Purity of our Race" emphasising the need of drastic action,—notably the adoption of a policy of sterilisation,—in connection with the mentally defective, and suggesting that the Government should be urged to pass the necessary legislation for putting such policy into effect.

Opinions from leading experts which have been solicited reveal a marked divergence of opinion the balance of which is by no means on the pro-sterilisation side. In fact, unqualified support only comes from one medical man, Sir Archdall Reed, and one layman, Mr. Harold Cox, both of whom consider a policy of sterilisation to be the alternative to progressive racial degeneration, though the latter would not have it performed in any case without the consent of the patient, or of his parent or guardian! Dr. Tredgold approves of it only to a strictly limited extent by taking the view that whilst "sterilisation would be a perfectly justifiable and advisable procedure in particular cases of defect, it cannot do away with the necessity for segregation and institutional care in a large proportion of cases, and there are reasons why its compulsory application to all defectives is not advisable"; and Sir Bryan Donkin states that he considers that "on the whole the present knowledge regarding the procreation of mental defectives by mentally defective parents (one or both of them) is sufficient to justify the sanction of the proposed operation under precautionary regulations."

Sir Courtauld Thomson, Chairman of the recently formed Mental Hygiene Committee is opposed to sterilisation in any shape or form, and Sir Leslie Scott, the Solicitor General and Chairman of the C.A.M.W., writes as follows:—"My own view is a strong one, that the subject needs much more investigation before the surgical remedy can properly be brought forward as a political proposal in this country. All sorts of issues are indirectly involved. We do not know enough about mental deficiency either in its medical or its social aspects to justify a reasoned crusade in favour of artificial sterilisation. The taint is infinitely varied in degree. Where draw the line? The truth is that if those interested in the question of the mental health of our population were to take upon their shoulders the burden of advocating compulsory sterilisation they would find themselves plunged in a bitter controversy, with their power for good greatly curtailed, and throw away a large part of the progress they have achieved in the education of public opinion up to date."

The Council of the C.A.M.W., whilst fully aware of the racial dangers inherent in any increase in the number of defectives, shares Sir Leslie Scott's view as to the necessity for further investigation, and it has accordingly referred the matter to the Medical Committee to report fully to the Association.

Formation of a Scottish Association of Care Committees.

The following account of this important development of Mental Deficiency work in Scotland has been sent to us by Mr. W. W. McKechnie, Chief Inspector of Schools, Scottish Education Department, to whose untiring efforts, together with those of the Paisley After-Care Committee, it is largely indebted for its inception:—

On Saturday, June 17th, a meeting was held in the Technical College, Glasgow, to consider the desirability of forming a Scottish Association for the Care of the Mentally Defective. Sir H. Arthur Rose, Chairman of the Scottish Board of Control presided and the meeting was largely attended by Representatives of Local Authorities and by others interested in the problem of mental defect. The Chairman read very cordial letters commending the object of the Meeting from Mr. Munro, the Secretary of State for Scotland and Sir Leslie Scott, the Solicitor General for England, and President of the C.A.M.W. Sir Leslie had very kindly undertaken to deliver an Address but was unfortunately detained in London by important Government Business. His address, which was read in his absence by Mr. McKechnie, H.M.I.S., made a deep impression. Then Mrs. Fern, the Chairman of the Paisley After-Care Committee which originated the movement showed briefly how clamant is the need in Scotland for better provision for the mentally defective.

In the discussion which followed, some of the Representatives of Parish Councils advocated delay in order that the Councils might have time to consider Sir Leslie Scott's paper and the important problem it raised, but it was decided by a very large majority that a National Association should be formed at once. An influential Committee was appointed to launch the Association which it is reasonable to hope will soon be in active operation. The need for it is great; it will have difficulties to overcome, but it has made an auspicious start and promises to fill a most important role in the national life of Scotland.

We extend hearty greetings to our sister Association and wish it a long career of usefulness.

Training of Teachers for the Mentally Defective. New Scottish Scheme.

For some years Scottish students have taken advantage of the Short Courses of training provided in England by the C.A.M.W. and in Edinburgh by the National Committee for the Training of Teachers, but, as a result of the efforts of this latter body, they will in future be able to secure a training for the work that is really "adequate and scientific." The new Course which is being planned by the Committee will extend over a year and will be held in Glasgow with the co-operation of the Local Education Authority, who will not only supply the necessary facilities for school practice, but has agreed to utilise the services of the expert psychologist who is to be appointed in connection with the Scheme.

The Course is mainly intended for teachers actually in the employ of Local Education Authorities who have completed two years' probationary service in a Primary School, and who show special aptitude for work with defectives. The Committee will be prepared to remit the fees of such students if nominated by their Authorities, where good cause is shown, and also to consider applications for limited maintenance grants during the Course. They express the hope, however, that Authorities will consider the possibility of allowing their nominated students half-pay during the period of training and in this way pension rights will not be lost.

A period of three months at the end of the Course is to be devoted to continuous work in a Special School or Class, and as far as possible it will be arranged for

students to carry this out in a school belonging to their nominating Authority so that the period of absence from duty will be lessened.

The detailed prospectus of the Course is not yet published but Education Authorities throughout Scotland have been circularised and applications from intending students have been invited.

We feel that the institution of such a scheme is a matter of congratulation for all interested in the education of defectives and as we shall continue to welcome to our own Short Courses Scottish teachers who are unable to take the longer and more adequate training, we venture to hope that conversely English teachers who can afford a year's course will be allowed to go to Glasgow.

Enquiries about the new Course should be addressed to:—**JAMES MALLOCH, Esq.**, National Committee for the Training of Teachers, 8, Charlotte Square, Edinburgh.

New Local Associations.

At the initiative of the Canterbury Women's Diocesan Council, and with the help of an Organiser from the C.A.M.W., a Voluntary Association is now in process of being formed in Kent.

The area of its activities will be at first confined to the Canterbury Diocese, but it is hoped that later on it may be extended to cover the whole of the administrative county.

Correspondence should be addressed at present to Mrs. Gardner, 14, The Precincts, Canterbury.

We are glad also to record the formation at Birkenhead of a Voluntary Association which has been formed with the primary object of undertaking the After-Care of children leaving the Special School other than those notified to the Local Authority under Section 2 (2) (b).

Correspondence should be addressed to Miss Barker, Special School, Grange Road, Birkenhead.

New Occupation Centres.

The number of Occupation Centres and Handicraft Classes continues to increase—Sheffield, Kingston-on-Thames, Woking, Croydon and Manchester being the latest additions to the list. The first four have succeeded in carrying on with the help of voluntary workers alone, but Manchester has a paid teacher, this being made possible by the untiring efforts of the Secretary of the South-East Lancashire Association who, through the organisation of entertainments, etc., has raised a fund sufficient to meet the expenses of the Centre for, at any rate, the immediate future.

The Centres at Sheffield, Woking and Kingston are chiefly for high-grade or ex-Special School cases: those at Croydon and Manchester are intended primarily for excluded imbecile children.

Essex Voluntary Association: Meeting at Royal Eastern Counties Institution.

On May 25th, the Essex Voluntary Association held a very successful meeting at the Royal Eastern Counties Institution, Colchester, when addresses were given by Dame Catharine Hunt, Miss Chisenhale Marsh (Chairman of Association), Dr. Douglas Turner (Medical Superintendent of the Institution) and Mr. Tabor, the Chairman of the County Medical Deficiency Committee.

Miss Chisenhale Marsh, dealing with the work of the Association, referred to the importance of occupation for defectives,—as “the best way to make them safe and happy was to make them useful;” Dr. Turner emphasised the wide

scope of the Institution in which they met, successfully catering as it did for defectives of all grades and of all ages, and stated that in his opinion a large Institution was not only more economical than a small one, but able to provide a brighter life for its patients. Thus dances and whist-drives were at Colchester common events, and last year they had fifty football matches.

After the meeting—through the kindness of Dr. Turner—the visitors made a tour of the workshops, and a number of children under the direction of Mr. Harris, the Head Master, gave an admirable performance of singing, dancing, etc. while the band of the Institution played selections.

Reformatory School for Abnormal Girls.

A new departure in Girls' Reformatory Schools is just being inaugurated at Inval, Haslemere. Here twenty girls who have proved physically or mentally unfit for the ordinary curriculum of the Reformatory School are to be received for individual care and specialised training. Cases of adolescent instability and mental retardation are specially contemplated. The training scheme is to be very varied, including gardening, spinning and weaving, besides other handicrafts, and every effort will be made to ascertain each girl's best line of approach. The Warden is Miss Pierce, who will gladly answer any enquiries.

We hope to give a further report of this interesting venture in a later issue.

Holiday Camps for Special School Children.

In spite of the inroads of the "economy campaign" Special School children in at least two favoured districts are going to the country this year, as they did last and we should like to record these ventures, one initiated by voluntary the other by official effort:—

The Lilian Greg Centre (London) has been able to arrange very successful camps (each lasting a fortnight) for three batches of Special School children, —Senior Boys, Junior Boys, and Girls, respectively, a total of 89 in all. The first batch went to the Shaftesbury Society's Camp at Whitstable in charge of teachers in the L.C.C.'s service who were lent for the occasion: the other two fortnights were spent in the Epping Forest Shaftesbury Camp, and for the staffing of these the Lilian Greg Centre was responsible although in each case the Council lent one teacher to assist. The cost of the holidays was borne by voluntary funds raised for the purpose and augmented by contributions from the Children's Country Holiday Fund: in as many cases as possible contributions were also obtained from the parents.

How much work experiments of this sort entail, only those who have taken part in them can fully realise, but the effort is small compared with the great joy that they are the means of giving—a joy which it is no sentimental banality in the case of these children, the limitations of whose environment are so great, to call "new life."

The official venture referred to above is that of the Birmingham Education Committee who have again rented a house at Barmouth to serve as a "Summer School" for the Special School children of the city during the summer months:—

Groups of 24 children are being sent fortnightly,—from the Schools for the Deaf, the Physically Defective, and the Mentally Defective—at an estimated total expenditure of £510, £75 of which is expected to be recovered from the parents.

The staff of the School consists of a House Mother and a Cook, and two teachers accompany each batch of children, or when Physically Defective Children are present, a Teacher and a Nurse.

The Time Table is elastic, and though certain fixed time are prescribed for mental work, handwork, and physical exercises, the school routine is varied by singing and organised games on the beach, bathing, and excursions to places of interest.

We feel that this venture is such an important and interesting one that for the benefit of those of our readers who have influence with Education Authorities, we quote in full the opinion of the Birmingham Special Schools Sub-Committee as to the value of the Summer School held last year—an opinion which is not likely to be reversed when the time comes to report on this year's school:—

“The School greatly improved the children in many ways. They became more alert, happier, more anxious to help and to do their day's work; their health improved: new standards of personal cleanliness have been set up: and in some cases both conduct and regularity of attendance have also noticeably improved since the visit to the School. The Sub-Committee are more than ever impressed by the incalculable benefits to the children, and feel that the establishment of the Summer School has had a most valuable and far-reaching effect not only on the children who attended there, but on their parents, and indirectly on the children who are attending the Special Schools generally.”

London Special School Boys' Gallantry.

Some of our readers may remember that in our January issue we printed a report of the London Special Schools Sports Association at the end of which was recorded the awarding of the Vellum Certificate of the Royal Humane Society to a pupil of the Edward Street Special School, Deptford, who saved a boy from drowning in the Thames.

The Head Master of the school now informs us that this same boy, who is now sixteen, has recently saved another life under similar circumstances, and that this makes the fifth rescue from drowning which he has effected. The Thames Police Patrol have sent his name to the Humane Society for their further recognition of his bravery.

The name of another pupil of Edward Street School has also been sent up who, though only “a slim little chap of twelve” and unable to swim, waded into the river up to his neck on Empire Day at Greenwich and so saved a child from drowning.

We feel sure that our readers will want to join with us in sending their congratulations both to the young heroes themselves and to the school which shares in their prowess.

Such incidents should make those who condemn the education of feeble-minded children as a useless extravagance, think again.

NOTICES.

The Minda Home for Defectives, South Australia, invites applications for the post of Head Teacher (man or woman); candidates must be qualified to organise the work of the school which contains fifty children of all grades, and to train assistants.

For further particulars apply to:—Miss Fox, C.A.M.W., 24, Buckingham Palace Road, S.W.1.

The October number of this journal will contain an article on the value of **Eurhythmics** in the education of defectives, and we cordially invite correspondence embodying the results of any experimental work in this direction which has been carried out.

Book Reviews.

MENTAL AND SCHOLASTIC TESTS. Report by the Education Officer, submitting three Memoranda by Mr. Cyril Burt, M.A., Psychologist, on Mental and Scholastic Tests, published by the London County Council. pp. xv × 432. 21/- net.

To the teacher of the defective child, the use of mental and intelligence tests as an aid both in the diagnosis of mental deficiency, and in the practical classification of children for teaching purposes, has become a commonplace. So widely indeed is the value of certain well-known scales for measuring intelligence accepted, that we are in considerable danger of forgetting their limitations and of attributing to them powers which they do not possess. Particularly is it too often forgotten that until the recent publication of Mr. Burt's *Mental and Scholastic Tests* we have had no translation or emendation of the Binet-Simon Scale,—still the foundation of practically all scales for use with individuals—properly standardised for English children. While admitting the essential importance of a standardised procedure in order to get comparable results we yet have used tests in which the very translation of the instructions given has made of the test itself a quite different thing. In standardising the Binet-Simon Scale, therefore, for English children, Mr. Burt has achieved a result of great service to all who have used this scale in the past or may use it or any of its revisions in the future.

Mr. Burt's book is in the form of three Memoranda. The first of these deals with the actual revision of the Binet-Simon Scale, including a discussion of the practical use of the method. Memorandum II. gives results of work done with the amended scale and discusses their theoretical validity. Memorandum III. gives certain standardised tests for educational attainment, including many tests specially designed for use with defective children together with a discussion on the need for such tests and their uses.

In his consideration of the practical use of Scales for measuring intelligence, in Memor-

andum I. Mr. Burt emphasizes the need for early recognition of ability or of disability, especially in cases where the variation of the individual from the norm is comparatively slight. The danger of classification on an age basis only or mainly has never been more clearly demonstrated. We recognise indeed more and more that we should "promote by attainment rather than by age and by ability rather than by attainment," yet in practice age is still the main basis of classification except with the very bright or very dull. The practical issue of such a situation is that teachers must themselves learn to test their children and to make use of the results so gained.

The actual scale of tests given in this memorandum includes all those from Binet's 1908 and 1911 scales, with some few additions; 65 tests in all. The individual tests are modified as little as possible, only such changes as are essential for translation being made. Thus comparison with earlier results obtained by using the unrevised Binet-Simon scale is made possible.

The tests are arranged in order of increasing difficulty, on the basis of results given by some 3,000 London children, normals, defectives, and delinquents. The standardised methods of procedure for giving and for marking the tests are exactly given, together with suggested methods of entering and keeping the records, and the computation of the mental age from the results. All the materials needed are also included, or exactly described.

Memorandum II, as has been indicated, consists of a consideration of the theoretical validity of the results of the work carried out. A study of it is essential for a true grasp of the contents of the preceding memorandum, while everyone interested in the problem of mental deficiency will find here a wealth of material both in its facts and in its suggestions very worthy of consideration, especially when such problems as the education and the after-care of defective children is a point at issue.

The aim of the revision, to provide an improved scale for English children, the results of which can be compared with earlier results obtained from the Binet-Simon scale, together

with the method pursued to attain this aim, are exactly described. Especially interesting here is the number of assignments of the original Binet tests to ages different from those originally indicated. No less than 34 out of the 65 tests of the original scale have been found to need re-setting, a fact which must involve making large alterations in mental ages already found if they are to be as exact as possible; and which is also of the utmost importance in using Binet-Simon scales for the diagnosis of defect.

The findings with regard to the constancy of the intelligence quotient confirm the trend of opinion that it varies little in spite of favourable environment and therefore is especially significant in prognosis. While further light is thrown on the mentally defective condition when we are told that in general intelligence more than half the mentally defectives are equal to children in the ordinary schools,—a fact from which Mr. Burt assumes that mental defect is a pathological and not a normal deviation from the average.

The suggestions made as to a line of demarcation for defect on the intelligence side, a matter badly in need of definition, are useful, although many may not agree with the idea of estimating the number of defectives as a percentage based on existing accommodation. It is probably, however, sufficiently satisfactory in London, where special school accommodation is provided for some 1.5% of the school population; that is, for all children with an intelligence quotient below 70.

Further points of interest are, the relations shown between the results of the tests and educational attainments, and the influence of educational attainments and opportunity on the tests themselves. The correlation between the results of the tests and educational attainment is high, but it shows nevertheless that the general tendency in school life is for the brighter children to be kept back to the level of the average. On the other hand, the tests themselves are shown to be considerably influenced by school knowledge. Readers interested in young delinquents will find suggestive hints for the prevention of delinquency in the section dealing with the relation

between backwardness and misbehaviour. Finally, the consideration of the diagnostic value of the scale is of great importance to all. Even with the emendations, the Binet-Simon scale is only moderately successful with normals as a test of general intelligence. In fulfilling its original purpose, however,—that is in helping in the diagnosis of defect, and also in helping in the selection of the duller normals,—it is far more successful. As Mr. Burt admits, a new scale is needed, but until we have this there is no doubt that a revision of the old scale, standardised for English children can be of immense service.

An appendix to Memorandum II gives certain supplementary tests of intelligence, more suitable for the selection of super-normal children.

In Memorandum III Mr. Burt records the result of certain attempts made to standardise tests for the measurements of educational attainments as distinct from that of intelligence. That the two are not the same thing is clearly shown in his earlier discussion, and the importance of the distinction to the teacher of the mentally defective is obvious when we realise how often defect is shown in school work mainly, or even in it alone. The need for keeping a permanent record of the educational progress of each child is justly emphasised, and there can be no question that such a record would be of greater value if kept in terms of standardised tests than if it merely expressed the opinion of different individual teachers. A knowledge, in particular, of the special educational difficulties of each child such as these tests could give, would prevent much loss of time in school.

Tests are supplied for reading, arithmetic and spelling, while case-histories are given, showing clearly the possibilities of danger to the child of an unrecognised specific disability, which may well influence adversely and often unnecessarily its whole school career. Tables of norms for these tests are supplied, together with medium specimens by which such subjects as drawing, composition and writing may be judged.

Mr. Burt's book would form a valuable addition to the Staff library of any school. In

the school for the mentally defective it is practically essential, for in its carefully established and recorded facts, and in its many valuable suggestions, it throws much light on some of the most vital problems faced by the teacher.

L.G.F.

“EDUCATION OF DEFECTIVES IN THE PUBLIC SCHOOLS.” By Meta L. Anderson. Harrap & Co., Ltd. Price 5s.

“SCHOOL TRAINING OF DEFECTIVE CHILDREN.” By Henry H. Goddard. Harrap & Co., Ltd. Price 7s. 6d.

One of the difficulties met by teachers taking up Special School work is the dearth of text-books by means of which the experience of others would be placed at their disposal. As yet we have produced in this country only one or two such manuals, so we welcome especially this edition of Miss Anderson's concise yet comprehensive monograph issued some three years ago in America and now made more easily obtainable in England. While not attempting to give such details of method as should be already in the possession of the efficient teacher of normal children—and none others should take up Special School work—the book will be of great value in helping such teachers to take up the right attitude in dealing with feeble-minded children and in showing where to leave the beaten paths of elementary school methods.

It may be noted that Miss Anderson advocates that, beyond the kindergarten stage, the Special School should, where possible, be organised on the departmental plan, having ‘subject’ rooms each in charge of a specially qualified teacher, every child spending one period in each room per day. The ‘subjects’ are (1) housework of all kinds (2) wood-work; (3) manual work including basketry, brush-making, weaving and sewing; (4) physical training and music and (5) academic work along with nature study and speech-training.

There is much to be said in favour of this arrangement though it might lead to the ‘subject’ becoming more important than the all-round development of the individual pupil, a condition of things sometimes to be met with in our Secondary Schools.

A simplified form of the educational record chart given on page 7 (similar to those in Burt's Memorandum on *Educational Abilities*) might well be incorporated in the records of progress kept in our Special Schools, the graphs for successive years being entered in different colours. We need everything that will help us, as this does, to have a clear understanding of the individual pupil, his attainments and possibilities.

It is encouraging to find that while speech training is emphasised, academic work is relegated to its right place. The survey of occupations suitable for defectives (Chapter 6) and the selections from after-school records (Chapter 7) should be of interest to social workers as well as to teachers. Again and again throughout the volume we meet the injunction “Begin where the child is,”—simple but so often forgotten. When the parent, the teacher and the State each do this then will the outlook be more hopeful than at present, for only then can we tackle successfully the problems of home, school and after-care.

School Training of Defective Children is a re-issue by Harrap and Co., of the Report on the Ungraded Classes for Defective Children in New York, drawn up by Dr. Goddard about ten years ago. Many of the criticisms put forward could be directed at our present-day half-hearted methods of dealing with the feeble-minded in our midst. We would recommend this volume to any educational administrators, social workers and teachers to whom it may not be already known, dealing as it does with all aspects of the problem.

E.L.S.R.

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Extra-Institutional Care of Mental Defectives in New York State, U.S.A.

BY SUSAN W. HOAGLAND.

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State Commission for Mental Defectives.

No State should consider itself either humane, or efficient from a business point of view, which continues to support in idleness any of its dependents (not excluding those physically or mentally handicapped), who might, under proper training and supervision, become at least partially self-supporting. But as a rule it is not until an intolerable weight of taxes drives a state into new methods of conservation, or when some big-hearted genius undertakes to relieve conditions which he or she vicariously feels to be intolerable, that the partial powers of handicapped dependents are ever fully developed.

Fortunately for the feeble-minded all over the world, both these conditions have prevailed during the last decade in N.Y. State, U.S.A. The demands of educational authorities who, finally roused to the importance of dealing adequately with mental defectives in the public schools, set up a standard of a "special ungraded class" for every ten children three years retarded in school work; of social workers who, appalled by the many social evils resulting from the full liberty allowed feeble-minded persons in the community after school age, were pressing both parents and judges toward the commitment of all mental defectives to proper State institutions; and the irritation of the State Institutions, which, already full to overflowing, were rebelling at the apparently never ending pro-

cession of new patients pressed upon them,—forced the State legislature into creating a permanent Commission of three persons to consider New York State's mental deficiency problem as a whole and return recommendations.

The first and most pressing demand confronting this commission was for the provision of at least "20,000 more beds for the feebleminded!" and it was in their search for means of doing this stupendous task in post war time that their attention became focussed upon the original experiments in extra-institutional care for mental defectives then being carried on by the Rome State School, Rome, N.Y. This school is the State's largest institution for mental defectives, of which Dr. Charles Bernstein has been the devoted and very active superintendent for over twenty years.

Close personal observation and sympathetic interest in the 6,000 "children" coming under his care during that time, had brought Dr. Bernstein to the conclusion that a certain proportion of them were failing to fulfil even their partial possibilities of usefulness in the world, mainly because they lacked relatives, or friends able and willing to supplement their pathetic inability to compete in the open market with normal human beings at the job of earning a living. Years before the State commission began its work, Dr. Bernstein had decided that every patient in his school had an inalienable human right to as much normal life in the community as he was capable of using with safety to himself and the public, and had dedicated himself not only to the securing of this right for them, but also to protecting them in their enjoyment of it, or in any suffering brought upon them in the process of securing it. "How many of us," he demanded of his apprehensive assistants, "even those above average intelligence, would have made good in life without parents, relatives, or friends to stand back of our repeated failures and start us up, over and over again? even seventy times seven?"

COLONIES FOR BOYS;

Renting a hundred acre farm near the school, Dr. Bernstein began his experiments by placing there twenty boys who had been already trained and found trusty in the main school, under the supervision of a capable, trained farmer and his wife to live in the farmhouse and carry on the work of the farm.

At the end of the first year, including the sums earned by the boys in spare hours at helping the surrounding farmers, this first experiment surprised even its founder by paying for itself. In other words these twenty boys had become not only self-supporting, but had led vastly happier, more human lives in simple natural surroundings than in the vastly more expensive crowded institution with its highly polished floors and necessarily formal routine. They had also improved in self-respect, in their physical carriage, and in some instances one to two grades in intelligence. They had also been of immense help to the farmers of the region, who were at the time desperate for helpers.

The success of this colony led to repeated duplications of it, until to-day the Rome State School is running 16 such farm colonies for boys, and three other colonies of different types. One of the latter is placed under a suitable man and wife, in an ordinary town house in a good neighbourhood, in Rome, from which the boys go out to day's work as lawn tenders, furnace tenders, elevator boys, bundle boys, etc. During the late war these boys handled all the freight at Rome's main railroad station. This group also supports itself.

Another group of low-grade boys, including several imbeciles, was placed near the lately acquired Rome Country Club grounds and did excellent service at

clearing the ground of stones and brush, work for which at that time it was impossible to get ordinary labour.

A third group of boys among whom were some of the most serious disciplinary problems of the school, was taken to the heart of the Adirondack mountains far from any possibility of harming themselves or others. Here they planted trees for the State forestry conservation commission, and happily secured for themselves a better record for living trees at the end of the season than the State's hired labourers of the year before. Their pride and delight in the open life of the mountain camp, was good to witness, and healthy fatigue following each day's strenuous labour reduced disciplinary problems to a minimum.

These colonies for boys proved so successful that no opposition to them now remains, and there seems therefore no reason for not increasing their number indefinitely, provided they are carried on under competent supervision. 360 "Rome boys" are now supporting themselves in this normal happy way, thus freeing as many beds in the main school for more socially dangerous cases.

COLONIES FOR GIRLS.

To initiate this policy for feeble-minded girls was quite a different matter, and demanded a far more daring courage, the popular belief being that feeble-minded girls are a greater danger to the community, as well as in far greater danger from the community than are feeble-minded boys. For even one feeble-minded girl to become pregnant, whether married or unmarried, as a result of any experiment on the part of the State, would be enough, said the extreme eugenists and the over-anxious social workers, to condemn the whole scheme.

But in spite of the thousand and one objections successively placed in his way, Dr. Bernstein proceeded with his experiment of "Working Girls' Colonies" for feeble-minded girls. Renting an ordinary house in a good neighbourhood in Rome, a small city lying about two miles from the main school, he placed there 20 trained, trusty girls under a capable matron, well known for her work at the school and imbued with the high purpose of the experiment. A social worker was also attached to this colony, who not only carefully selected places for the girls to work at domestic service, but also collected their wages and adjusted difficulties arising from this new venture.

The charge made for the girls' services was small at first in order to emphasise the educational feature of the experiment rather than its financial value, and also because some inducement had to be made to encourage employers to undertake what was then regarded as more or less missionary work. Some slight neighbourhood opposition to the colony showed itself during the first month or two, but as domestic servants were scarce in Rome, practically all the neighbours soon availed themselves of this new source of help and the opposition quickly faded, especially as the State School was known to be both able and desirous of keeping up exceptionally well any property under its care.

Life at the colony house was a delight to the girls in comparison with life in a big formal institution. Many privileges of individual dress, amusement, and possessions could be allowed them that were impossible in the larger group, especially after all the girls were steadily earning. They were allowed to start savings accounts, and to help choose and purchase not only their own clothing, but also attractive furnishings for the colony house, which was now their home. Games, dolls, and a victrola were soon added, as well as several pet animals, to which the

girls were endlessly devoted. Taffy pulls, sewing bees, dances in front of a big open fire were frequent occurrences, and once a week the matron took a group to the "movies," as girls were never allowed out after dark alone. But for the most part all of them were healthily tired at the end of each day's work, which seemed to include sufficient varied experiences to amuse and satisfy the majority of them.

The Domestic Service Colony soon made its own way, the preference of both employers and matrons being for the girls of lower grades of intelligence. High grade imbeciles did very well, as they were never placed in positions of responsibility, but only where they could be hands and feet for some kindly housewife, who did her own work. But there remained a group of the quicker, brighter, more restless girls to be provided for and since their type is often so emotionally unstable as to make it seem unwise to trust them on the street alone (as the domestic service girls were safely allowed to do), a new type of colony was established for them in a small factory town about twenty miles from the school. Twenty-four such girls were placed in a big attractive house with a good yard, under the care of two matrons, one of whom ran the home, while the other went with the girls to the factory, taking a job as forewoman there in order to adjust the girls' difficulties on the spot, immediately, to keep them steady, and see them home again.

This scheme provided just the stimulus needed to satisfy this set of girls, especially as they were soon earning all the way from \$8 to \$15 a week at piece work. This was much more than the duller more plodding domestic workers could earn, so that this group could afford more attractive home furnishings and personal wearing apparel. They even bought a second hand automobile in which the matron took them long rides on Sundays and evenings, through the beautiful surrounding country. They also rented a large attractive cottage at the nearby lake for the two weeks of their summer "lay-off" from the factory. They asked for and were granted a feeble-minded baby from the main institution, for a pet, and took excellent care of him with the matron's help. They lavished pretty clothes and too many toys upon him out of the part of their earnings allowed them for spending money, and were very careful to be absolutely quiet when he was asleep which was a blessing to the often overstrained nerves of the matrons.

To-day Rome State School is supervising twelve of these working girls' colonies, one of them daringly situated in the heart of the third largest city in the State; and another, of coloured girls, in a small town of which the centre is a boys' college, and over which the president of the college keeps a close supervision, as it represents the only source of domestic service for the college professors' wives.

These colonies are now caring for about 321 girls, the population changing more or less constantly in response to the needs of the colonies and also of the girls, some being returned to the main school temporarily for hospital or disciplinary care and training, or permanently as unsuitable for colony life.

In time some of the girls proved so trustworthy and so suited to the homes into which they gradually settled down, that they were allowed to sleep at their places of employment, but they were still required to use the colony house as an amusement centre for their days off, and as their home when employers were away for any reason. Last year these colony girls (domestic and mill colonies together) earned about \$62,000.

Many mentally defective girls wear out their environment more quickly than normal persons, so that the possibility of transferring them repeatedly to different types of colonies, in different places, under different types of matrons, is a valuable

asset in their care. One girl, though a good worker, flatly refused to go two days in succession to the same place for work, but is to-day working quite steadily and happily by being sent to a different place of work each day in the week, the Monday place being considered quite satisfactory a week from the Monday before.

RESULTS.

After fourteen years of experience with the colonies for boys, and eight years with those for girls, Rome State School has to-day over 1,000 of its patients outside the walls of its main institution (over one-third of its population). It has put this colony method of care for certain types of the feeble-minded far beyond the experimental stage. From its results Dr. Bernstein judges that fully 40% of the feeble-minded may be handled in this comparatively simple and much less expensive way, earning at least two-thirds of their own keep as a group.

These experiments have not only demonstrated the humaneness of the scheme by brightening and delighting hundreds of handicapped human beings, but has also shown itself a valuable aid to discipline in the main school, because of the new hope and desire to improve that it instills into the children remaining there. It has also raised the grade of intelligence, the appearance and behaviour of many individuals sharing its life.

More than this, it has led many parents and also many judges to be willing to allow borderline cases of mental defect to remain for life under competent supervision who must otherwise have fallen into misery and disgrace, because the public would not be willing to commit such cases to an institution for life, to sit around the walls of their wards doing nothing. It has educated many communities into a more sympathetic understanding of these handicapped human lives and consequently into a more willing payment of taxes sufficient to give such children proper care. It has also shed welcome light on the problems of many socially insufficient individuals. The Superintendent of one factory employing our girls reports that they compare very favourably with the so-called normal girls in his factory, many of whom would in his opinion be safer and happier under our colony system of care. It is the writer's belief that many domestic servants are of this very class and in pathetic need of the same type of friendly human supervision of their leisure hours.

During Rome's eight years of experience with "Working Girls Colonies" 860 girls have passed through this test for partial freedom and to-day 360 of that number still remain in the colonies.

There have been nine pregnancies incidental to attempted escapes during the initiation of the system; but it should be noted that, although the chances for escape are naturally greater than in the main school, there have been proportionately fewer runaways from our colonies than from our main school. It should also be considered that these casualties took place among a group of girls whom we should probably not have been able to hold at all under any other system. For parents and judges are very unwilling, and justly so, to "put away" for life, in a state institution either boys or girls who appear able to enjoy life and earn at least a part of their own support.

Had the financial success of this experiment proved less astonishing, Dr. Bernstein would still claim that the human benefits it confers upon the individuals thus partially liberated would fully justify the state in continuing and extending it, even though it necessitated greater expense than intra institutional care. For the State as foster parent or guardian must meet the whole of its human responsi-

bility, which surely includes far more than simply food, clothing and shelter.

During the Great War many opportunities of earning wages were open to the feeble-minded which would not be theirs in normal times. But even though they have been obliged to relinquish certain of their jobs to more efficient labourers, the demonstration has been made, once for all, of what they can do under training and supervision; so that never again can the world shut its eyes to the shame and cruelty of allowing even these partially efficient persons to remain idle from lack of public interest.

OBJECTIONS.

Such a bold proposal as even a partial liberation of any group or type of mental defectives was sure to meet opposition. The first note of protest came from the extreme eugenists who insisted that the public mind would by this system be unduly diverted from the great necessity of making impossible, by the absolute segregation of all feeble-minded persons, the reproduction of mental defects.

In vain Dr. Bernstein reminded these persons that the absolute segregation of all feeble-minded persons, rich and poor, was an impossible Utopia; first because of lack of public sympathy with the proposal, and again on account of the overwhelming expense of carrying it out. He also stated it as his belief that half the working population of the world would fall below the extreme eugenist's standard of normal mentality and suggested that since we could not to-day secure total segregation of all mental defectives, we had better train and supervise as carefully as possible those who could with some degree of safety be given a partial liberty, thus saving the beds already available in public institutions for the more socially dangerous cases.

Certain types of social workers who had become almost rabid over the need of banishing from society every kind and grade of mental defect, violently opposed the possibility of even limited liberty for any individual that he or she had laboured so hard to "put away" for life, and declared that the state had no right to countenance any system which opened the way to possible escape and marriage of even one feeble-minded inmate solemnly committed to its care.

To these Dr. Bernstein emphasized the already overcrowded condition of the state institutions; the fact that these institutions were schools and not prisons; the ignorance and apathy of the general public toward building sufficient institutions to care for even the most socially dangerous types of feeble-minded persons; and also the unwillingness of parents and judges to "put away" for life in state institutions any child who seemed able to earn at least part of its support.

Both of these groups then demanded sterilization as a prelude to a system of testing for freedom of feeble-minded persons. Dr. Bernstein reminded them that this doubtful procedure was again unlikely to be agreed to by the general public, and that proper supervision should be able largely to eliminate the danger feared; also that without this drastic practice we should be able to secure and hold a far greater number of feeble-minded persons under strict supervision than we could hope to do were sterilization known to be a part of the state's policy.

The Labour Unions fearing that the feeble-minded would be used to replace normal labour, made certain demands that were recognised as just, and a promise was given them that our "children" would never be allowed to work for lower wages than others were paid on the same job, also that in case of strike we would at once remove them until the dispute at issue was settled, since we recognised that they would not be able to take part in the affair intelligently and the State as such could never take part in any industrial struggle.

Other interested onlookers objected that the colony system would draw public attention to, and therefore label unfavourably the girls living in the colony houses; that every loafer within miles of the houses would be drawn to annoy its inmates, while girls placed directly in private homes at service and supervised there would naturally sink out of sight and thus avoid unfavourable publicity.

This unpleasant thing has happened several times to our colony houses, but has been promptly met by the matrons, and the offenders sent to jail for the offence, which cleared the atmosphere of this particular trouble for a long time thereafter. The same thing happens in the case of the girls placed directly in private homes at service, and there it is much more difficult to discover and punish, because the employer desires no such publicity, and often hides the facts, fearing that the girl will be removed from their home because of them.

Another objection is that the state is exploiting these helpless "children" by taking their earnings from them for their own support. This seems hardly a tenable position, since experience has shown that in almost every case the child has not been able to direct his or her life alone, and without our supervision, which the state is paying for, they would soon drift into the courts and prisons, or maternity wards of city hospitals.

The State Commission for Mental Defectives soon understood, and has for the last three years intelligently backed up this hard won success of Dr. Bernstein's organising genius. Due to its recommendations the state legislature last year voted to support and extend the colony system as widely and rapidly as feasible.

The Commission also instituted the employing of Field Agents to supervise mental defectives in the community, since they realise that only a small proportion of the total number to be cared for ever reach a state institution. They now consider their first and strongest drive must be toward securing proper mental examinations of, and adequate schooling for all mentally defective children; second, the supervision of all feebleminded persons in the community throughout life, leaving state institutions as the last resort when other types of supervision have failed. Five Field Agents have already been appointed whose duties are to assist in the parole work of the state institutions, and to arrange for the admission to state institutions of suitable cases; to supervise mental defectives in their own homes, and in industrial placement as far as possible; but especially to do the mental testing and social work connected with the free mental clinics which the commission is placing within easy reach of towns or rural communities where such opportunities are not readily available. Twenty-six of these clinics have already been established, held bi-weekly, tri-weekly, or monthly as needed. Calls for new clinics are constantly coming in, as they become better understood and appreciated by public schools, courts, medical men and social workers.

We recognise that England is far ahead of us in the community supervision of the feebleminded in their homes, and also in industry, but our state-wide clinics and our colony system providing as it does for gradual steps toward further liberty, as earned, we believe to be New York's contribution to the solution of this subject. Already congratulations and inquiries as to details of the colony system are pouring in from all over the world.

PRIVATE EFFORT.

One of New York's largest private reform schools, for girls from 16 to 21, has sold its enormous congregate building and is trying out a new plan of boarding homes for different types of offenders, from which the girls go out to work by the

day, using the home as their centre for supervision and guardianship, thus reflecting the influence of our colony system for the feeble-minded girls. The writer believes that a comparison of the two groups of girls would show less difference than is suspected in the types of mentality.

The Jewish Big Sisters of New York City, finding that their problem girls were almost always girls of subnormal intelligence, and that no trade school for girls would bother with such problems, have pushed intelligently for the establishment of a special trade school for such girls, and to their credit be it said that such a school for 100 of these girls is to be opened in New York City this Fall by the Board of Education. They also found that the ordinary employment agency would not bother with these problem cases, and they have opened a "Vocational Adjustment Bureau for Girls" which deals only with girls having an intelligence quotient below average intelligence, and already they have over 100 employers working with them intelligently to place their girls at jobs suited to their mental abilities.

May I take this occasion to thank all of the English workers in this field from whom I received so many courtesies during my stay in London earlier in this year. I shall endeavour to help their ideas and experience bear fruit for the feeble-minded of our country. If any of these workers should visit America, I hope they will surely get in touch with the New York State Commission for Mental Defectives at 105, East 22nd Street, N.Y. City, and with Dr. Charles Bernstein at Rome State School, Rome, N.Y.

Eurhythmics in the Special School.

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WHAT is implied by the term "Eurhythmics"? It may seem an unnecessary question to ask at this time of day, but as there may be some to whom the subject is only a name, an attempt must be made to answer it. Yet when one is brought to the point a definition is hard to frame.

"Eurhythmics," in the words of M. Jaques-Dalcroze himself, "is not a theory, but an experience." It follows then that the method can be discussed profitably, only after one has had personal experience of its effects on mind and body.

This is not the occasion to deal with the history of the subject; rather would we try to realise the principles underlying it. The whole system then is based on the belief that "children learn words and music with much greater ease and pleasure when these are accompanied by movements of the body."

In the first instance, Dalcroze Eurhythmics forms essentially a musical training, the aim of which is to make the child experience music with his whole body, and so render it easier for him to understand, express and interpret. The exercises given to attain this end progress in intricacy until extremely complicated movements are carried out, but for the ordinary school child only the elementary stages need be considered.

In brief, it may be said that the arms are used to indicate time, while the actual notes, their length, grouping, etc., are shown by movements of the feet. In the Physically Defective Departments of our schools the exercises must necessarily be limited, and adapted to meet the individual conditions of the children, but experience with pupils of this class, handicapped in many cases very severely,

has convinced us thoroughly of the soundness of the principles, from the standpoint of musical training.

The Transition from Sol-fa to Staff Notation is much more easily accomplished after the elements of Dalcroze Eurhythmics have been mastered than could otherwise have been the case.

"But," say the teachers of the Mentally Defective Classes, "what bearing has all this on our work? The theory of music is beyond the scope of our pupils." Quite so, but for those, specially, who are tackling the problem of the mentally defective, the ill-balanced and unstable, we believe much help may be found in this subject.

Reference has been made to the use of the body for the expression of rhythmic feeling. "This use of the body as an instrument obliges us to cultivate it by giving exercises in physical technique, exercises to obtain more co-ordination between the brain and the body; and to develop self-control and the power of concentration."

Are not these exactly the objects of much of our training of the mentally defective? Improvement of carriage, co-ordination of mind and muscle, and development of self-control form the basis of our methods; when, in addition, we consider the tremendous appeal of music to these "more feebly gifted" little ones, it appears as if, in this subject, Eurhythmics, a means has been provided whereby to some extent these ends might be realised.

In it we have the necessary outlet for the physical energy of the child, while at the same time, by giving scope for the expression of his rhythmic instinct the whole equilibrium is improved. Every teacher of the mentally defective child will agree that in many cases there is an impression of something being out of gear, of a want of harmony in the processes. In cases like these we have found the undoubted power of Eurhythmics to soothe and restrain.

But the value of Eurhythmics in the training of the backward or defective child is much greater than that. From the outset, even the simplest exercises demand the *attention* of the pupil; the sense of hearing is developed; *memory* is trained; the powers of *concentration* and *self-control* are increased.

Can it be proved that the system accomplishes what its exponents claim? We believe so. Even in our limited experience we have fully satisfied ourselves not only of the appeal but of the benefit of Eurhythmics to mentally defective children. The waking and working of mind and will can almost be followed in the more erect bearing, the listening ear and the concentrated attention.

Fortunately from the experience of others, more tangible results of these exercises have been obtained. In one school where the value of Eurhythmics was questioned, a certain group of children was taken and divided into two sections. So far as such a result could be arrived at, these sections were equal in attainment and in possibility. Only to one Section (A) were regular rhythmic exercises given, the training of the two sections being in all other respects identical. At the end of the time devoted to the experiment, it was found that a large proportion of Section (A) had improved so much in mental power that they were transferred to the ordinary school. The criticism that, "in that case they were not really mentally defective children," is met with the answer that they had been placed in a Special Class for mentally backward children, and the important point is that, after, and presumably as a result of, this training the powers of attention and concentration were so developed that the whole efficiency of the children had increased to such an extent as to justify their being classed with normal children.

The children with whom we have dealt belong unquestionably to the mentally

defective class, but with them too have been attained the results claimed, and most certainly, among the high grade children, improvement in attainments in the literary subjects.

One of the great obstacles to the introduction of Eurhythmics into the curriculum of some of our schools is the want of suitable accommodation. Obviously this renders the work more limited as well as often more difficult, but with very restricted floor space, and even in desks, much useful training can be accomplished.

Inability to play the piano, again, discourages some teachers who otherwise are favourable to the subject for their classes, but this difficulty also can be surmounted. With the most elementary knowledge of the piano, or with nothing more than hand-clapping, singing, or the use of a triangle, many of the exercises can be successfully performed.

Want of time, an overburdened day, also militate against any additional demands, but when it is remembered that in Eurhythmics is found something of the music lesson, of physical culture and of dancing movement, it will surely be possible without undue sacrifice, to secure for the new subject a place on the Time-Tables of our Special Schools.

M. A. WILLIAMSON.

In connection with the above article we should like to quote the following passages taken from the letter of a correspondent on the subject (Miss Marion Harrison, of Brighton):—

"As regards defectives, I have had two distinct successes G— aged six, could not balance her body, nor had she sufficient mental and muscular control to execute any given movement however simple. In a month's time she could step a rhythmic pattern—not the easiest of patterns either. I merely held the tips of the fingers of one of her hands to assure her that she would not be allowed to fall down and we stepped it perfectly to music. During her *first lessons* this child was such a dead weight on me that at the end of less than ten minutes I was wet with the effort.

The other child was a very low-grade M.D. I reached her through teaching her governess. She in turn taught this girl of 21. The governess writes that of all the subjects taught and outlined specially for N—, the 'piano work' makes the best appeal. By 'piano work' she means Rhythm. I may add that in both these cases the children had to *begin* on their fingers. G— began in bed."

Another correspondent (Miss E. G. Williams, The Manor, Epsom) writes as follows:

In reply to your request in the July number of "Studies in Mental Inefficiency," I thought your readers might be interested to hear of an experiment carried out in an L.C.C. School for elder M.D. girls. By the courtesy of the Head Mistress I was allowed to experiment with a class of girls, and as a result was convinced that very valuable help can be given to this type of child through the medium of Eurhythmics. We all know how the mentally defective child almost invariably responds in greater or less degree to music, how order can be brought out of chaos, and how apathy can be turned to joy. In the Dalcroze method we have a system of musical training ready to lead the child from where he is musically into a larger experience. The little low grade child may not get very far, but my experience taught me that the high grade girl was able to go much farther than one dreamt possible.

In the early days of our experiment the girls had a short lesson each morning. At first they were clumsy, their movements awkward, and they showed little capacity for careful attention. After the first few lessons when the music got hold of them, their movements became much more graceful and they were able to detect differences in time, marking the accents and beating the various bar times—up to 6/8—with their arms. To rhythm they readily responded and developed sufficient co-ordination and self-control to beat the bar time with their arms while interpreting rhythm with their feet. They were able to read rhythms from the black-board, having previously realised the various note values. Some of the girls after a time were able to make their own rhythms. The great majority of the girls performed simple inhibition exercises and a few had commenced to work in canon.

The general effect upon the girls was marked in many ways. The greater freedom gained helped the girls to forget themselves and caused relaxation of the tenseness which one senses in the mental defective. The girls began to speak more clearly and to show greater confidence and initiative. These girls, with their limited capacities can never become musicians in the ordinary sense, but their lives will be fuller and they will be able to listen to and to feel the music they hear, intelligently.

In other parts of our teaching we work on the principle that the mentally defective must learn by doing. In eurhythmics we present music to him in such a way that it becomes a part of himself. In order to carry out the work successfully it is necessary, of course, that the teacher

should have had some training in Eurhythmics. She must have felt herself what she wishes the children to feel. Unless she is a very expert pianist and able to improvise readily, it is advisable that the teacher during the early stages at least, should have the help of a sympathetic and reliable pianist. The teacher, with this type of child, would find it advisable at first to watch and suggest until the preliminary difficulties are mastered. It pays to go slowly in the first stages.

When we discarded boots and stockings and worked in bare feet the girls were much happier. We felt that if we had had control of their clothing, they would have been happier still.

I might add that the course I followed was the one from Miss Houghton's book which is sold to Dalcroze students who have had at least two terms under a fully qualified Dalcroze Eurhythmics teacher.

I hope this short account of one experiment will tempt others to use this method of approach to the soul of the defective child."

Notes and News.

C.A.M.W. Conference on Mental Deficiency.

The Conference of the C.A.M.W. held in London in July (notice of which was given in our last issue) was generally accorded to be a great success, and we feel that it cannot but have stimulated an extended and intensified interest in the problem of Mental Deficiency.

The numbers attending were of course small as compared with Conferences in previous years owing to the very restricted extent to which public bodies can now pay delegates' expenses, but it is a matter of congratulation, we think, that in spite of this, 517 applications for tickets were received from the following sources:

Mental Deficiency Act Committees.. ..	93
Local Education Authorities	87
Boards of Guardians.. ..	98
Voluntary Associations	53
Homes and Institutions	36
Teachers	35
Social and Educational Societies	36
Magistrates	11
Government Departments	15
Prison Officials	6
Private Persons	47

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The press notices of the Conference were exceptionally good, sixteen important daily and weekly papers giving full accounts in their columns, while between twenty and thirty others reported it more briefly.

A complete official Report of the whole proceedings is now in course of preparation and will be on sale shortly at the price of 3s. a copy. The Report will contain all the papers presented to the Conference, viz.:—"Mental Deficiency in Relation to Crime"—papers by Sir Bryan Donkin, Member of Prisons Board and late H.M. Commissioner of Prisons; Dr. Norwood East, Medical Officer of H.M. Prison, Brixton; Stuart Deacon, Esq., Stipendiary Magistrate of Liverpool, and Mrs. Patrick Green, J.P., Colchester. "Economic Difficulties which Prohibit the Development of Special Schools"—paper by Dr. Brackenbury, Chairman of the Education Committee of the C.A.M.W. "Occupation Centres"—papers by Mrs. Anderson, Case Secretary of the C.A.M.W., Miss Elfrida Rathbone (London),

Miss I. M. Brayn (Portsmouth) and Mrs. J. Cooke-Hurle (Somerset). "Working Hostels and other Non-Institutional Methods of Dealing with Defectives"—paper by Miss Ruth Darwin, Commissioner of the Board of Control. The discussions following the papers, with the speech of the Solicitor General and that of the President of the Board of Education are also reported.

We have no hesitation in recommending the volume to all who are connected directly or indirectly with the sphere of work with which it deals and we invite orders to be addressed at once to the Hon. Secretary, C.A.M.W., 24, Buckingham Palace Road, S.W.1.

Sir Leslie Scott's Speech at Glasgow.

The speech of Sir Leslie Scott, Solicitor-General and Chairman of the C.A.W.M., which was read at the inaugural meeting of the new Scottish Association of Care Committees, reported in our last issue, has been published in pamphlet form, and copies can be had on application to the C.A.M.W. offices, 24, Buckingham Palace Road, S.W.1.

The speech comprises a consideration of the "limitations and complications of the Acts relating to Mental Defectives" with the consequent necessity for supplementary voluntary action; an account of the work of the C.A.M.W. in its various branches with the principles underlying it; and a description of the work and organisation of Voluntary Associations with special reference to Occupation Centres and Handicraft Classes, work for criminal defectives and After-Care, and the wide survey of the whole problem which it gives should make it particularly useful for purposes of propaganda. We are therefore very glad indeed to welcome its appearance in print.

As the number of copies at our disposal is limited early application is desirable.

Mental Deficiency in Scotland.

In the Eighth Annual Report of the General Board of Control for Scotland recently issued, the Commissioners, referring to the economic difficulties which in Scotland as in England prohibit the development of the Mental Deficiency Act, state that instructions have been issued from the Treasury prohibiting any increase in the accommodation for 2,112 patients that present exists.

That this is quite inadequate is shown by the fact that there are 316 cases, admittedly "urgent," awaiting admission to Certified Institutions and the Parish Councils of Glasgow and Edinburgh, have undertaken an obligation that if they are allowed to deal with urgent cases of mental defectives, in addition to the numbers already licensed, they will forego participation in the Imperial Grant for all excess of cases.

A return furnished to the Scottish Education Department has revealed the fact that on 30th April, 1921, 4749* children between 5 and 16 years of age were ascertained by Local Education Authorities to be mentally defective including 1013 notified under the Mental Deficiency Act as either "ineducable" or "about to leave a Special School." 457 cases had been thus notified during the year 1921, a figure which the Commissioners state may be taken approximately as the minimum occurring annual number of mental defectives in Scotland.

The Board have during the year under review been seriously concerned by the difficulty in carrying out the provisions of the Mental Deficiency and Lunacy

*Excluding six counties for which figures were not available.

(Scotland) Act, 1913, with regard to the safeguarding from criminal assault of the 284 female adult defectives "boarded out" under the Act. The number of such assaults reported to the Board (including those taking place before certification) has always been less than 1% of the total number of defectives boarded out, but in order to reduce this number still further a circular is being issued for the use of Guardians, embodying a copy of the legal provisions bearing on the matter with suggestions as to methods of safeguarding and precautions that should be taken.

Three Voluntary Aid Societies, Edinburgh, Glasgow and Paisley, were at work during the year and in receipt of grants from the Board. They have been found of special service in regard to the care of defectives over 16 who have not been dealt with officially under the Act.

The main body of the Report is concerned with lunacy, exhaustive statistics on the subject being given.

Special School Accommodation—Recent Statistics.

In the Report of the Board of Education for the year 1920-1921, recently issued, the following figures are given with regard to Special Schools (Day and Residential) for the Mentally Defective in England and Wales.

<i>Year.</i>	<i>Number of Schools.</i>	<i>Accommodation.</i>
1919-20	197	15,551
1920-21	202	16,328

In a Supplementary List of Alterations in Special Schools which have taken place during the year subsequent to the report (i.e., ending March 31st, 1922*) it is stated that two new schools (at Luton and Tynemouth) have been opened, but two old ones (Hearnville Road, London, S.W., and Leamington Spa) have been closed.

The figures given in the Report therefore are not substantially altered and may be taken as representing the present position.

"Shell Shock" and Mental Deficiency.

In the Report of the War Office Committee of Enquiry into "Shell Shock"† several references are made to mental deficiency in its bearings on the problem.

One witness (A. F. Hurst, Esq., M.D., F.R.C.P., Phys. for Nervous Diseases Guy's Hospital, late Officer-in-Charge, Special Neurology Hospital, Seale Hayne) classifying the cases met with in his experience, indicated the distinguishing characteristics of "those defective in respect of intelligence" as being:—

- (a) Incapacity to feel "endurable patriotism" or to attach themselves to any abstract ideal of the kind.
- (b) The very general suffering from the contempt shown them by others, debarring them from the inspiration and support of comradeship. The result was frequently a "psychosis with delusions of persecution."‡

Another witness (who served as a Regimental Medical Officer) stated that, although high-grade defectives may do and have done well enough in the Army during a period of peace, their liability to break down in war is greater than is that of any other class, and the best service an officer can perform towards them is to ask for their discharge. They should therefore, together with the "nervously unstable" and those who have had one or more attacks of insanity, be exempted from

*H. M. Stationery Office, Board of Education List 42 (Supplementary). Price 3d. net.

†Published by His Majesty's Stationery Office. Price 6/-. .

‡P. 27.

all forms of service except "controlled labour that allowed them to live at home."*

Mental deficiency, often accompanied by a family history of insanity, epilepsy, alcoholism, or tuberculosis, is thus included in the Report amongst the "predisposing causes" of shell shock—specially the emotional and hysterical forms of it.

It is interesting to note, however, that the Committee whilst fully concurring in the importance of more careful methods of selecting recruits, do not recommend the adoption of the American system of applying specific mental testing in this connection. One witness expressed scepticism as to its results in minimising shell-shock in the American Army, whilst another declared dogmatically that "A Binet Test is worthless in the hands of those who would use it and unnecessary to the few who can use it intelligently."

Amongst those who gave evidence before the Committee as to the psychological mechanism involved in the condition known as "Shell Shock"—a term which, it should be noted, was generally repudiated by reason of its scientific inaccuracy—are Dr. Bernard Hart, the late Professor Rivers, Dr. Henry Head, and Dr. Stanford Read, and the Report is therefore of considerable interest to the student of abnormal psychology.

The Mentally Defective Blind.

In the Third Annual Report of the Advisory Committee on the Welfare of the Blind† presented recently to the Minister of Health, special attention is drawn to the question of Mental Deficiency.

A table is given showing that there are 1383 mentally defective blind persons of all ages and that of the 1149 over 16 only 107 are employed; 36 are under training; 261 are receiving or have received no training, 35 are unemployed and 710 are unemployable.

These figures, which are equivalent to 40 per 1000 of the blind population, have impressed the Committee with the urgency of the problem with which they state there has as yet been no organised attempt to deal, largely the result of the restrictions placed by the Board of Control upon Local Authorities under the Mental Deficiency Act as well as of the Voluntary Institutions' lack of funds.

They state that its solution would seem to be along two lines, (1) provision for those blind defectives who are "educable" and (2) provision for those who are "untrainable," but they are not prepared to make any specific recommendations until they have obtained more detailed particulars as to the number of persons coming under each of these categories.

Defectives as "Guides" and "Scouts."

The possibility of initiating defectives into the joys of "Scouting" and "Guiding" has been referred to in a former issue of this journal in which we printed a report of the work being done in connection with the Special Class at Cambridge.

We now have pleasure in recording other experiments in this direction, the first two in connection with Institutions, the third in connection with a Special School.

The Clerk to the Asylums and Mental Deficiency Committee of the L.C.C. has kindly sent us the following account of what is being done in two of their Institutions:—

"Troops of boy scouts and companies of girl guides have been formed at the

*P. 60.

†Published by H.M. Stationery Office. Price 6d. net.

institutions for the mentally defective established by the London County Council, i.e., at Brunswick House, Mistley, Essex, for boys, at the South Side Home, Streatham, for girls, and at the Manor, Epsom, for defectives of both sexes. The Scout Master or Captain at each institution is a member of the staff. The experiment has given very satisfactory results, and it is found that the movement is having an encouraging effect on the characters and training of the patients, and is doing much to assist the development of a moral habit and to help to overcome the somewhat inhibiting effects of institution life on individual character.

The following particulars of the arrangements made for girl guides at the South Side Home may be of interest:

The 10th Streatham Company of girl guides is composed of sixteen patients of the South Side Home and is divided into two patrols, the "Forget-me-not" and the "Nightingale." Each patrol has a leader and a second. The guide meetings are held twice a week from 5 p.m. to 6-45 p.m., the earlier part of the evening being devoted to drill, badgework-work and the training of new recruits (if any). The last half hour is given up to games. Thirteen of the Guides have passed their tenderfoot test and have won their brooch badge; twelve of them are desirous of entering for their second class badge for which they have to drill, run or skip, have knowledge of the flag, knots, bed making, etc. To encourage good behaviour a mark board is kept, and stars are affixed weekly. A gold star signifies good conduct and a white star with a black cross denotes bad conduct. On occasional Saturday afternoons the Guides go out tracking. Last summer the girls gathered wild flowers, which they pressed and pasted in books provided for that purpose. This proved a source of great delight. All the girls are very keen about the guide work and hope to succeed in obtaining the various badges. They have been taught a little first aid and stretcher drill. Guide work provides them with great interest, their behaviour has improved considerably, and they are anxious to assist in any way they can."

From Miss Rathbone, formerly Secretary of the Lilian Greg Occupation Centre, comes the following:—

During the winter of 1920-21 a "happy evening" class was held at the Bath Street Special School one afternoon a week after school hours. About 8 to 10 boys attended, and played games or looked at books. It was found almost impossible to get them to take any interest in team games, and even in simple games such as loto it was difficult to keep their attention for more than a few minutes.

In the autumn of 1921, a small club room was secured by the Lilian Greg Committee in a very poor court off Old Street, and it was decided to form the boys of the "happy evening" class into a Wolf Cub Pack. As the new club room was at some distance from their homes, the boys were told to bring food for their tea, and a cup of tea would be given to each boy on arrival.

The first meeting was difficult and disheartening. Eight boys rushed in at the appointed time, rough, noisy and dirty. They ate their tea standing, each boy trying to shout the other down. They were quiet, but frankly bored during the ten minutes devoted to a first "cubbing" lesson—and there were disconcerting interruptions such as "May we play games now?"

In three months a complete transformation had taken place, and a stranger who had been present on the first day and again on the day of the first investiture, would have found it hard to believe they were the same boys. Many were *not* the same, as numbers had doubled, and it was now necessary to restrict the number of recruits.

On arrival each boy hurried to the sink and began a vigorous washing of face, hands and arms: "Scented soap, Miss! Lovely!" Then old ragged jerseys were discarded and new uniforms donned, and 18 still noisy, but happy and well behaved little boys gathered round the tea table. Tea over, cups were cleared away, tables and chairs pushed back, and in a twinkling all cubs were in their places, keen and alert. It seems incredible that in so short a time such a good spirit of discipline and esprit de corps could be created, and it was obvious that they had gained enormously in self-respect.

In three months, they had learnt, not only their Cub promises, dances and howl, but could line up and play several good team games with evident pleasure and keenness,

We commend both these reports to the notice of our readers and we shall be very glad indeed to receive information as to similar experiments being carried on in other places.

A Summer School in Psychology.

The Summer School in Psychology recently held for teachers at the Brighton Training College Hostel is the first of its kind outside Oxford and Cambridge, and its success has been such that preliminary arrangements for its continuance and extension next year have been made.

The Director was Professor T. H. Pear, of Manchester University, and the subjects dealt with included Experimental Psychology, General Psychology, and a Course of "Mental Measurements" conducted by Professor Thomson for which children of the local elementary schools attended voluntarily—during their holidays—to act as subjects for tests.

It is hoped that next year an advanced section for students attending a second time as well as an elementary one for new students may be arranged and that the school may be bigger and so better able to launch out.

Enquiries and applications for admission to the next course should be addressed to Professor Pear, The University, Manchester, or to the Hon. Secretary, Mr. A. Lea, 12, Harrington Road, Brighton.

Flag Day for Mental Defectives.

We have received from Leeds the following account of their recent splendid effort, and feel sure our readers will join with us in congratulating Mr. Wormald and his helpers on the success they achieved:—

The Leeds Voluntary Committee for the Care of the Mentally Defective have decided to establish a Workshop and Occupation Centre in Leeds for the training and employment of feeble-minded youths on leaving Special Schools and for young men who are out of employment and owing to their mental limitations are unable to compete for a living with the normal worker. The necessity for a Workshop has become more acute owing to the fact that the operation of the Mental Deficiency Acts so far as securing Institution treatment for this class unless they become criminal or vicious, has been stultified by reason of the restrictions on public expenditure and of the unwillingness of the Judicial Authority to make Orders except in cases of pronounced neglect.

The Voluntary Care Committee have, therefore, felt that under the changed conditions there is a distinct need for an intermediate establishment between the defective's home on the one hand and the Institution on the other hand, where many of this class who are unoccupied and running the streets can be usefully employed and their labour utilized to remunerative advantage.

The initial problem which the Voluntary Care Committee had to face was that of raising the necessary funds to found the Workshop. The Committee, however, decided to hold a "Flag Day" on Saturday the 23rd September, to raise £1,000. Committees were formed in every Ward in Leeds and Members of the City Council, Magistrates, and other public Citizens took part in the organization either as Chairmen, Treasurers or Secretaries. One interesting feature was an Exhibit and Sale of articles made by patients in the Meanwood Park and Farfield Institutions, held in City Square, which realized a sum of over £23. The "Flag Day" has been one of the most successful that has been held in Leeds since the War and a sum of about £900 has been contributed towards the objects in view. Apart from the financial results, the "Flag Day" has proved a great stimulating and educational force in Leeds and it has focussed public opinion on the need for care and protection of the mentally deficient classes.

Mr. S. Wormald the Secretary of the Voluntary Care Committee acted as the Organizing Secretary of the "Flag Day" Committee.

Association of Secretaries to Local Voluntary Associations.

The Hon. Secretary of the Association of Secretaries to Local Voluntary Associations (Miss Nevile, 79, Coleman Street, London, E.C.2) has sent us the following account of the last meeting, which we have pleasure in recording:—

A well attended meeting of the Association of Secretaries took place on Wednesday, July 26th last, at the offices of the Women's Freedom League, High Holborn, E.C., with Miss Blake in the Chair.

The Association has collected and has scheduled information in regard to the salaries and conditions of workers in mental deficiency. The statement has already been forwarded to the Board of Control and to the C.A.M.W. and it was decided at the meeting that copies should now be sent to all members of the Secretaries' Association.

Discussion took place on the proper procedure to be followed by Secretaries of Voluntary Associations in regard to defectives requiring institution care who enter a workhouse in a district other than their own settlement. In such circumstances it is found that the Guardians of that workhouse are not prepared to take steps under Section 30 (ii) of the Mental Deficiency Act on the ground that the defective is not chargeable to them. In the meantime and while an order of removal is being obtained the defective may discharge herself (no power of detention being obtainable) and get into trouble. A letter has now been received from the Board of Control from which it is clear that it is the Union to which the defective is chargeable who should refer the case under the Provisional Regulations. Thus presumably Secretaries interested in a particular case will approach the Guardians of the defectives' settlement with duplicate reports.

The members considered the need of an intelligence bureau in order that they may be kept continuously informed of legislative and other developments connected with the work. On being approached Miss Fox has been good enough to establish the necessary machinery at the offices of the C.A.M.W. and has undertaken to circularise members of the Association. She asks that workers cooperate by letting her know of local items of information which will be of interest to secretaries.

Miss Vickers, Secretary of the Mental After Care Association gave the meeting an address on the scope and nature of her work, which was listened to with great interest and appreciation.

Reviews.

“SUGGESTION AND MENTAL ANALYSIS.” By William Brown, M.A., M.D., Oxon., D.Sc., M.R.C.P., Lond. Pp. 165. University of London Press, Ltd., 1922. 3s. 6d. net.

The author of this little book states in his preface that its central object is “to give an elementary and non-technical account of the relation between two distinct and, in the main, mutually exclusive forms of theory and practice in the field of psychotherapy, viz.: suggestion and auto-suggestion on the one hand and mental analysis (including the special Freudian system of psycho-analysis) on the other” with a view to harmonizing these two modes of thought. This is perhaps an unfortunate introduction for, apart from two pages towards the end of the book which purport to deal with this question, no attempt is made to discuss this side of the problem.

The author gives a good, but a little too brief, exposition of Freud’s theory, which in the main he accepts; he cannot accept the doctrine of the Oedipus complex, nor the general theory of infantile sexuality as being of universal validity; he advances an alternative theory of dreams for “neither repression in the Freudian sense nor the action of unconscious wishes is essential to the production of the dream.” He dogmatically asserts that sleep is an instinct “which has survival value and has been developed in the course of evolution,” and he suggests that the dream is a sort of intermediary form of consciousness which intervenes and makes the impulses innocuous so that sleep persists—a theory which is difficult to distinguish from Freud’s without a more precise definition of the terminology.

The most interesting part of the book is that which deals with hypnosis, though parts of this discussion appear to be too advanced for the general reader. Most psychologists would agree with the author when he holds that hypnosis is not a good thing for the individual, and that the general effect of repeated hypnosis is definitely bad, but that treatment by hypnosis is justifiable as a means of recovering memories: but it is questionable whether

such a method is justifiable as a means of giving an outlet to “bottled up emotion,” as advocated by the author, even if it be allowed that emotion can be “bottled up,” for many psychotherapists maintain that this is unnecessary.

When we come to the subject of suggestion it is almost impossible to understand what the author means by the term, and moreover we have to wait until we have read two thirds of the book before we come to a definition. The definition accepted is that given by Baudouin as “the subconscious realization of an idea,” a definition which leaves us in a quandary as to the meaning of “subconscious.” The author states in the first sentence of the book “one of the most fundamental problems calling for solution by psychology at the present day is the nature of the so-called subconscious” and he adds that he is not going to attempt such a solution. Yet he confidently explains everything throughout the book in terms of subconscious and ‘dissociation’—another word which is not explained—and tells us that the “subconscious” is that part of the mind which presides over bodily functions, even over the cerebral cortex which is supposed to be in the most intimate relation to conscious mental activity! Again it is not clear what is meant by “in normal sleep the subconscious in its entirety is more easily approachable,” and if the statement referring to treatment—“it is also explained to him that should he actually fall asleep during the hour, it will be normal sleep, not hypnotic sleep, and that the suggestions will be received all the same”—is correct, then it would appear that all that is necessary for the psychotherapist to do is to give a formula to the relatives and instruct them to repeat this whilst the patient is asleep! Further it is stated “whereas Freud explains suggestion in terms of transference, I would explain transference (partly at least) in terms of suggestion”; we are quite unable to follow the argument on this point, for if carried to its logical conclusion the love of a child for the mother would be due to suggestion! The same difficulty as to the meaning arises on the subject of auto-suggestion, as evidenced by “it is however much better in using auto-suggestion to get the state of mind

for a very short time, for a minute or less, and not to attempt to keep this frame of mind for a longer time," for this "suffices to establish contact with the sub-conscious and to implant the idea of the desired end. The subconscious then goes on to realise the idea at its own leisure. . . . If you try to prolong the state for several minutes you run the risk of your own subconscious throwing up an opposite suggestion." There is a good criticism of Coue's method, on the practical side, in that it involves an encouragement and training of the patient's automatism, which is similar in kind to the dissociation of hypnosis and hysteria, and on the theoretical side in regard to the use of the word 'imagination' and the law of reversed effort; but the "cannot help feeling some doubt about this law of reversed effort" is a mild criticism for a law which is so opposed to matters of fact and of psychological knowledge, that few psychologists would think it needed very much demonstration as to its absurdity.

To write an elementary book on such obtruse questions is admittedly a very difficult task, and it is no doubt easier for a critic to expose the weaknesses of a book of this kind than to appraise its worth at its true value, but there are two attributes which are essential to the success of such an undertaking, first that the book shall be easily understood, and secondly that in it fact shall be clearly differentiated from theory. As judged by these two tests it would appear that the author has failed to accomplish the object, which he set out to achieve.

E. PRIDEAUX.

JUVENILE DELINQUENCY. By Henry Herbert Goddard. Director, Ohio Bureau of Juvenile Research. London: Kegan, Paul, Trench, Trubner & Co., Ltd. Pp. 120. 3s. 6d.

This book is intended to be of service to sociologists, psychologists and all who are interested in one of the most pressing problems of modern society. We cannot, however, recommend it, because it contains few facts that will help, and some suggestions which may mislead. After three years work the writer has recognised the psychopathic child as distinct from the feeble-minded child. To

diagnose the psychopathic child he relies on the word-association test, a crude means of approach to the unconscious mind. He does not seem to know that the psychopathic child is a recognised clinical entity, and that some medical psychologists can pick out such children in the course of a more ordinary examination. Perhaps it is the mechanical methods he employs which have prevented the writer understanding the problem, and giving the helpful individual accounts of cases we have had from Dr. Healy and other writers on delinquency in America and this country. A feature of the book is elaborate tables, which must have required much time and care, but which are little use, because they are merely facts of a superficial kind. A more complete and deeper investigation into one or two would have been work of value. But the writer is not scientific: he records data from which he extracts little and then makes the suggestion that congenital syphilis is the most important cause of delinquency. He gives no definite evidence of this, and overlooks the fact that syphilis is not unknown among non-delinquent juveniles, and is, after all, only one of the racial poisons, the rest of which, including alcohol, he ignores.

We do not think the psychopathic child should be described as having a diseased mind: but here again there is confusion, because we are also told that the psychopathic child has a diseased mind that does not function normally, a different state of affairs. The writer suggests as a form of psychological treatment that the delinquent should be repeatedly told that he has a mind which does not function properly, and therefore he must be careful to avoid awkward situations, because only the normal are equal to them. Our experience is that the awkward situation is inevitable, and the way to help is to train him and teach him how to deal with it.

"ENGLISH PRISONS TO-DAY": Being the Report of the Prison System Enquiry Committee. Edited by Stephen Hobhouse M.A., and A. Fenner Brockway. Longmans, Green & Co., London, New York & Bombay, 1922. Pp. 728.

We learn from the Foreword that the Prison System Enquiry Committee was established in

January 1919, by the Executive of the Labour Research Department, but from January, 1921, it has been unconnected with the Labour Research Department, and has had its own establishment.

The Report is a description of the English Prison System as it is to-day, accompanied by a study of its effects on those subjected to it. In addition, at the end of the chapters dealing with the System are tabled the principal defects revealed, while in the last chapter the broad principles of reform are briefly indicated. There are also four Appendices, one of which describes some American experiments, while another deals with the Report and Recommendations of the Indian Jails Committee, which was published last year.

The Report is what it purports to be, dealing in an interesting manner with every aspect of Prison Life; it is written in a calm and reasonable tone. Certainly some of it is not pleasant reading, for instance the sections dealing with the sanitary arrangements, punishment in Prisons, and the health of prisoners. There is reason to think, however, that the descriptions are accurate, and the call for reform urgent. The chief conclusion to which we are led is that the present system fails as a rule in one of its chief objects, the reform of the individual. Its effects are demoralising; it develops neither character nor capacity, and often sends the offender out more incompetent and a greater danger to the community than he was before. It is satisfactory that the Committee see signs of some reforming zeal and an attitude receptive to new ideas among the Prison Commissioners. The publication of this Report however, makes it incumbent on them either to show that its observations and criticisms are inconsistent with facts, or else to introduce whole-hearted measures of reform on psychological lines.

It is unfortunate, considering the number of experts who were consulted on various matters, that some one, conversant with mental defect, was not asked to revise Chapter XVIII, dealing with the mentally deficient. As it is the chapter is misleading and inaccurate. It begins with statistics which are not accepted to-day by most workers in mental defect, because some of them were collected

before the Mental Deficiency Act of 1913 established the mentally defective person as a definite clinical entity, for diagnosing which there is a fairly definite standard. Further, the great diminution in the numbers in prison in recent years, especially of those guilty of minor offences, has resulted in there being fewer mental defectives in prison, while the fact that many such defectives are now taken care of in special institutions under the Mental Deficiency Act, has still further reduced the number in Prison. Surely no censor with any knowledge of mental defect would have passed the statement printed in italics on page 285 that "approximately two-thirds of the mental defectives who are sent to prison are still legally condemned to remain there." The truth is a mental defective is not legally condemned to remain in prison, but is transferred to an institution for defectives as soon as he is recognised and the necessary arrangements can be made. The statement must refer to the mentally unstable, a very different group not yet graded as a clinical entity, and who cannot be dealt with in a satisfactory way till there is a change in the law and special institutions have been established. The terms "mental defective" and "weak-minded" are used in this chapter without appreciation of their meaning by a writer who does not understand insanity either, for the gruesome account on page 286 is clearly a description of a lunatic and not of a "mentally deficient person." The writer ought to have enquired whether insanity does not sometimes suddenly develop in prison without any previous warning, before he denounced in such scathing terms a magistrate, who it is certain never saw the prisoner behaving in the dock as he subsequently behaved in prison. The same loose use of terms results in a statement which may be misleading in regard to the Birmingham Scheme for the Special Examination of persons suspected to be mentally defective, insane, or mentally unstable, and the treatment of the last group. On page 286 it is said that "at Birmingham the feeble-minded are accommodated in a separate building." The fact is that only the mentally unstable are detained in this building; the feeble-minded as defined by the Mental

Deficiency Act, are transferred to an Institution for Mental Defectives as soon as the necessary arrangements can be made.

Despite these inaccuracies the book as a whole is sound and reliable; it should be read by every social worker, and especially by those who are interested in delinquents.

W. A. POTTS, M.D.

“GROUP TESTS OF INTELLIGENCE.” By Philip Boswood Ballard, M.A., D.Litt. Hodder & Stoughton, Ltd. 6s. net. 252 pp.

“METHODS & EXPERIMENTS IN MENTAL TESTS.” By C. A. Richardson, M.A. (Cantab.) George G. Harrap & Co., Ltd. 3s. 6d. net. 92 pp.

“THE ACHIEVEMENT OF SUBNORMAL CHILDREN IN STANDARDIZED EDUCATIONAL TESTS.” By J. E. Wallace Wallin, Ph.D. Miami University Bulletin. 97 pp.

These three books, although written with different aims, touch each other at many points, suggesting material for further thought and investigation.

Within the last few years, the ingenuity of intelligence testers has shown itself in the publication of series after series of group tests—Otis, Terman, Haggerty, Simplex, Northumberland, National Intelligence and others—displaying marked family resemblances, but each with special “variations” of greater or less value, which a process of “natural selection” will doubtless either foster or eliminate. Dr. Ballard in this new book, a worthy successor of his previous book on individual tests, discusses the mental significance of the various types of group test in use, and has himself added no less than four sets of tests adapted to four different ranges of mentality—the lowest a picture test suited for illiterates and subnormals, and the highest so difficult that even the very “superior adult” may be grateful for the absence of a time limit. Dr. Ballard, we think rightly, attaches most importance to reasoning and absurdity tests in the selection of super-normals. For the diagnosis of the subnormal, which is the main interest for readers of this journal, the individual scale must hold the field: the group test except in forms devised for illiterates, is in greater part beyond the capacity of the feeble-minded.

The question naturally arises:—What do all such tests test? And if we answer intelligence, there follows the further question, what is intelligence? Both Mr. Richardson and Dr. Ballard attack this problem. Mr. Richardson appears to hold that intelligence tests are really—and not ideally—tests of native intelligence independent of environment and teaching. Dr. Ballard considers that such a statement can only be maintained “in a broad and general sense,” but that the acquired knowledge involved in a test is such as a person of ordinary intelligence cannot avoid acquiring. Both agree that one fundamental evidence of intelligence is the “power to use knowledge,” and Mr. Richardson appears also to find, with Dr. Maxwell Garnett, in voluntary attention the very essence of intelligence. Students of the feebleminded will readily acquiesce in this finding, though they may doubt if it completely expresses all that there is in intelligence. Dr. Ballard’s discussion is illuminating, but we are still some way from what L. P. Jacks calls an “intelligent definition of intelligence.”

Mr. Richardson’s book is in larger part the record of an experiment to determine the value of both group and individual tests as measures of educability, this last being judged by test papers in arithmetic (Dr. Ballard’s) and an English composition. He established a sufficiently high correlation in both cases to convince doubters, although it might reasonably be held that the number of children tested was too small and the school subjects chosen too obviously “intelligent” to justify too wide a conclusion. And, in fact, Dr. Wallin whose pamphlet is a detailed summary of the results of the application of a series of standardised tests in reading, spelling and arithmetic to the children in the Special Schools of St. Louis, comes to the conclusion that in respect of the first two subjects the correlations with intelligence, though of fair degree, are not sufficiently high to justify any inference from intelligence status to educational progress in these subjects. Owing, however, to their differences of method, their results are not strictly comparable.

Those who delight in the expression of mentality in terms of “mental age” will be inter-

ested in the formula worked out by Mr. Richardson for derivation of mental ages from group test scores. The formula would require alteration according to the particular group tests employed, but the idea is valuable as giving a means of comparing results of group and individual tests.

Dr. Wallin's results are tabulated in three ways, by school grades, by Binet-Simon ages, and by diagnosis (Moron, Imbecile, etc.). In the second case the tabulation is rendered faulty by the fact that the Binet-Simon age was in many cases determined two or three years before the educational tests were given, yet the results of the latter are credited to the Binet-Simon age obtained so long before. Dr. Wallin admits other sources of error e.g. certain low-grade pupils were omitted altogether from some tests, or only partially tested: some of the Binet-Simon ages are really Stanford ages, and not infrequently the numbers tested were too small. From a strictly statistical point of view, these errors detract somewhat from the value of the results.

Not the least interesting feature of his pamphlet is the clinical cases he describes in full, chiefly of "visual aphasia" or its lesser degree "dyslexia" and other specific defects. There is one curious record of a girl who, although a Mongol and below the intelligence standard for entry to a Special School, was admitted and at thirteen years made the best record of all the pupils in reading.

On the question of school organisation, Dr. Wallin comes somewhat into conflict with Dr. Ballard. The latter holds that the "intelligence of the pupils is the primary, but not the only basis on which schools should be organised" and suggests that there should be three distinct "streams of promotion" in every school corresponding to the different levels of intelligence. Dr. Wallin criticizes this position and maintains that a child's stage in school subjects cannot be neglected and that allowance must be made for specific abilities and disabilities, as also for character and physical factors. Probably Dr. Ballard would admit much of this, but he evinces a faith in the I.Q. which all may not share. "No other factor" he declares "tells us so much about a child as the I.Q." The I.Q. by

itself, in the opinion of many, tells us relatively little about a child, but all can agree that a school classification based on intelligence would be superior to the present official classification by chronological age.

Dr. Ballard's chapters on the mathematics of correlations and probable errors will be valuable to those who lack time or the necessary native capacity to read the longer treatises on the subject.

All three books repay careful study and are full of suggestion.

H. HERD.

'CONDENSED GUIDE FOR THE STANFORD REVISION OF THE BINET-SIMON INTELLIGENCE TESTS.' By Lewis M. Terman. Harrap & Co. 3s. 6d.

There has just been issued in England by Messrs. George G. Harrap a Convenient "condensed Guide for the Stanford Revision of the Binet-Simon Intelligence Tests" which will prove very useful to examiners who use this system. It is well printed and handy in arrangement and will be found to be a more rapid guide at the examination than the manual which however it is especially stated by Professor Terman in the preface it must not supersede. It is intended as a guide and not a learner's manual. It seems a pity that it was not adjusted, as the ordinary record book has been, for English use and various Americanisms foreign to our children not altered to suit our language.

Whether it is justifiable to use bad grammar before a defective—i.e. the superlative when comparing two things—is a matter perhaps for the pedant, although the practical examiner may accept the apologetic explanation given in the manual (Year III (1) and Year V (1)).

If the necessary test material could have been inserted in a pocket at the end there would then have been provided a true vademecum to this popular revision. Personally the writer finds the ordinary Binet-Simon tests suffice for his needs, as he is not yet convinced that a spurious accuracy, at any rate, in examining defective children, is not brought about by the Stanford Revision. The great objection to all the mental tests at present in vogue is the implication that the defective does under-

stand the words used in putting them forward. It implies the scholastic side more than some enthusiasts will admit, so that in regard to prognosis as to manual progress which is primarily important from the Institutional point of view, performance tests are more likely to prove useful and is the line on which the mental testing of defectives ought to be advanced. It must be emphasized that the determination of the mental age by whatever system arrived at should be only one part of the evidence, and as matters are at present not made the main basis on which certification of mental defect stands. We are yet a long way from determining the essence of that mental will-o'-wisp called "general intelligence," and in the training of the defective the psychology of *behaviour* and its practical relationship to *conduct* are the factors that one desires to be sure about.

W. H. COUPLAND.

The Annual Report of the School Medical Officer of the Manchester Education Committee recently issued contains a section by Dr. H. Herd, Chief Assistant School Medical Officer, on "*The Diagnosis of Moral Imbecility*," to which we should like to draw the attention of our readers.*

Recapitulating the views which he outlined in a previous publication he criticises the text book definition of Moral Imbecility as "the lack of a moral sense"† on the ground both of its ambiguity and of the artificial distinction between "mental" and "moral" that it tends to set up. The only reason for a separate definition at all, he considered, is to emphasise the difference in *treatment* which is called for in this class of defective, and he goes on to suggest therefore that "Morally Defective Persons" should be defined as "persons who, from an early age, display irremediable instability of character, or inability to control instinctive impulses to such an extent as to constitute by their vicious and criminal behaviour a danger to others so great that care, supervision, and control are necessary."

The introduction of the word "irremediable" emphasises a point upon which Dr.

Herd lays great stress and of which those who are practically concerned with the problem cannot be too often reminded, viz.: that the diagnosis of Moral Imbecility should never be made or even considered without exhaustive proof that the condition is "irremediable."

Modern psychology, he points out, has revealed the profound influence of repressed mental conflict in producing abnormalities of conduct, and the possibility of such an influence being ultimately responsible for apparent "Moral Imbecility" should never be forgotten. The more exhaustive the investigations made, Dr. Herd emphatically declares, the greater will be the hesitation of the certifying officer in his diagnosis, specially in the case of children. With this increase of psychological knowledge the question of treatment becomes of even greater importance, and even if a case appears to be "irremediable" and is certified for institution care, such care must be definitely curative on modern lines for the sake of the individual himself and not merely segregative for the sake of the community, its underlying principle being, of course, "the sublimation of the offending instincts so that they find an outlet for their energy in useful and harmless activities."

This plea for treatment as opposed to mere detention is one which will find a ready response from all those who think of the problem of "mental inefficiency" in terms of human happiness, though how far we are at present from its practical realisation it is not encouraging to contemplate.

A very useful summary of the various schools of Psycho Analytic thought, their points of divergence and their chief exponents, appeared in "*The Lancet*" of August 12th and August 19th, 1922, contributed by Dr. J. Ernest Nicole, Assistant Medical Officer of the Prestwich Asylum, Lancashire, under the title "*Psycho Analytical Schools, Old and New*."

Those of our readers who have no time for prolonged study of this immensely important subject and who are bewildered by the conflicting theories labelled with its name, will we think find such a concise exposition as is given in these two articles of considerable help.

*See also "The Lancet," 30.9.22.

†See "Studies in Mental Inefficiency," January, 1922, p. 23.

In the "Journal of Mental Science" for July, 1922, is an interesting article by Dr. Hamblin Smith, Medical Officer to H.M. Prison, Birmingham, on "The Medical Examination of Delinquents," in which he describes the scheme in force in Birmingham and urges its extension.

Since the article was written there has been published by the writer an important book on the subject under the title "The Psychology of the Criminal," of which a full review will appear in our next issue.

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Mental Tests.

THE ACHIEVEMENTS OF SUBNORMAL CHILDREN IN STANDARDISED EDUCATIONAL TESTS. By J. E. Wallis Wallin, Ph.D. Director, Bureau of Special Education (Subnormal and Delinquent Children), Teachers College of Miami University, Ohio. Miami University Bulletin, Series xx. No. 7. 60 Cents. (Reviewed in this number).

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Lunacy Law and Institutional and Home Treatment of the Insane.

Being the Final of a Course of Lectures on Psychiatry for Local
Secretaries of Mental Welfare Associations delivered at
Horton Mental Hospital, Epsom,

BY LT.COL. J. R. LORD, C.B.E., M.B. (Edin.).

*(The Lecturer after having briefly epitomised the provisions of the Lunacy Act of
1890 continued as follows):*

It will thus be readily seen that the chief aims of this Act are to secure :

- (1) That no person is received as a patient into a mental hospital or other approved place unless of a certainty he is a lunatic within the meaning of the Lunacy Act., i.e., an idiot or a person of unsound mind,
- (2) That a person so admitted shall be discharged immediately he is no longer certifiable as a person of unsound mind, and a proper person to be detained under care and treatment.
- (3) That he is not illtreated or neglected while under detention.
- (4) That in case of his death in the mental hospital, the cause and circumstances thereof are the subject of special report and possibly searching enquiry.

It assumes the possibility of moral turpitude, in carrying out its provisions, on the part of the judicial authority, the patient's relatives and friends, the doctor, the nurses, the Managers and even the Commissioners. Its attitude is

that of suspicion throughout, and threats and penalties are plentiful—quite enough I should imagine to satisfy the most rabid reformer.

The Lunacy Act of 1890 has been much criticized of late, in fact it has become almost fashionable to abuse it. As a legal measure it undoubtedly was most carefully and conscientiously framed. Personally I have a real healthy respect for it in more senses than one and underlying it are many great principles and ideals. It must be remembered, however, that it is a consolidating act and represents, with but few innovations, the English lunacy law as it has evolved since the time of Edward II.

As a measure designed to secure the best treatment of the mentally unsound, it is, however, singularly incomplete. It portrays almost entirely the legal attitude of mind to the insane. The "patient" it deals with means every person received or detained as a lunatic or taken care or charge of as a lunatic (Section 114 of the Lunacy Act, 1845). He is not the "patient" in the medical sense. It is not the onset of disease which makes him a "patient" but an act under the law. It is not the cessation of disease which occasions his ceasing to be a "patient" but the failure to find sufficient cause for detention. The medical view of insanity is secondary. Respect for the liberty of the subject is accounted of more importance than that those who are afflicted with mental disease should have every opportunity of obtaining the best treatment at the earliest possible moment and under the most favourable circumstances for their recovery. There is undoubtedly a legal aspect, and an important one too; the liberty of the subject cannot lightly be tampered with, but the medical aspect of insanity, its prevention, its cure, should be the basis of the law on lunacy.

In effect the attitude the law takes to a person suffering from mental disease is that he shall not enter an asylum for care and treatment unless circumstances force it, nor shall he remain there if it is possible for him to be outside. Nowhere does it urge upon citizens the duty of taking prompt steps for the proper care and treatment of the mentally afflicted; on the contrary, it treats such steps with suspicion and imposes restrictions; so much so that those primarily concerned, i.e., the patient, his medical attendants, and the patient's friends and relatives, avoid invoking the law's aid. Lunacy is a contamination and anathema to many medical men and they decline utterly to have anything to do with it.

The Lunacy Act gives only a meagre recognition of the onset or early stages of mental disease and of the stage of convalescence. The "Urgency Order" machinery which is meant to "secure the speediest possible treatment of the first symptom of derangement" is either a seven-day measure or a prelude to full certification, and this procedure is limited to patients with means. A poor person who can be certified as of unsound mind, but who is sufficiently cognisant of the state of his mind to enable him to seek admission into one of the 97 county or borough mental hospitals, cannot, without infringement of the law, be received there until he has been duly certified as of unsound mind, and, until a justice's order has been obtained for not only his reception and retention, but for his detention too. (*Vide Dr. Bond's Presidential Address to the Medico-Psychological Association, 1921*). Only those registered hospitals and licensed houses with provided accommodation can admit him as a voluntary boarder. The "urgency machinery" in the case of a pauper or poor patient is admission to the workhouse through the kindly intervention of a constable or relieving officer or overseer of a parish, and subsequent certification.

As regards convalescence the "absence on trial" the Lunacy Act permits depends upon the patient being still certifiable, i.e., still of unsound mind and a proper person to be detained under care and treatment.

Time does not permit of my discussing this subject more exhaustively, but briefly the Lunacy Act wants "completing," as it were, at both ends, in order to cover more appropriately and effectively the early stages of mental disease and the convalescent period. Much of it needs also recasting to bring it more within the spirit of the times. Why a hitherto respectable citizen, immediately he has to handle a lunacy matter in any capacity, should at once be regarded by the law as being capable of the deepest villainy I cannot conceive. To-day such an attitude to the practice of psychiatry is surely an anachronism, at least, let us hope so.

My own views put shortly are:

- (1) That all institutions, hospitals, homes, etc., treating mental patients free or for profit should be licensed, registered, and subject to periodic inspection by some central authority.
- (2) That all admissions thereto which are not voluntary should be notified to some central authority with discretionary power to investigate and act.
- (3) That no person who objects to indoor mental treatment and loss of liberty for the purpose should be sequestered without the sanction of the law.

Let us hope that the future evolution of the lunacy law will be along these lines.

You will no doubt, in the course of your labours, often meet cases of slight mental breakdown or even cases of definite insanity in its early stages. I have already discussed with you five types of borderland cases. I have also pointed out that such cases can readily be confused with the types of cases you as Voluntary Associations are designed to deal with under the Mental Deficiency Act of 1913. Indeed, in many instances there is no clear distinction to be drawn between them except the previous history—which may be imperfect. Thus you may be asked to express an opinion as to whether the case is one for home or mental hospital treatment.

Now the universal experience in mental hospitals is that the cases which recover are those of short duration prior to admission. The longer the patient who is ultimately admitted is kept away from us the fewer the prospects of recovery. At the same time there is undoubtedly a "stigma" attached to an ex-mental hospital patient.

By avoiding mental hospital treatment, the case may become a hopeless one; by adopting it, a life may be partially wrecked. Thus the real difficulty is this "stigma" which seems ingrained in the minds of the people. Only a bold attempt to teach the rising generation better ideas regarding insanity will remove it. The educational code of our national schools should decree a course on both mental and physical hygiene for senior pupils, and children should all be taught that:

- (1) Mental disorders are as common and as natural as common colds;
- (2) That mental and physical hygiene are one and the same problem and that such terms as "general debility," "run down," "fed up," "need a change" are descriptive of mental exhaustion and that insanity is only mental breakdown of a more severe character;
- (3) That mental hospitals are merely special hospitals for the treatment of

severer forms of mental complaints and the physical disorders which accompany them :

- (4) That superstitious views regarding insanity or mental disorders belong to the past and that the adopting of a superior, a scornful, a ridiculing, or humorous attitude to an insane person or one who has been mentally unsound is both unkind and foolish, prevents the early treatment and recovery of such cases and favours the accumulation of incurable insanity which is a burden to the community.

Now, if these notions were to prevail generally among the community most of the troubles regarding the treatment of mental diseases would disappear. It would not matter a button where a patient was treated or what the institution was called so long as the most effective treatment was secured.

Another point you should bear in mind when considering institutional v. home treatment is that a depressed state of mind carries with it possibilities of suicide. In other words all melancholics are potential suicides. If the risk is taken in such cases and the patient remains at home for treatment certain precautions are wise. They must be tactfully carried out. A ground floor bedroom should be selected, suggestive weapons and all keys should be removed and the bolts on the inside of doors rendered non-effective. Continuous observation is essential, but it is difficult to carry out in a private house. As regards a deluded patient, should he show any tendency to take action as an outcome of his delusions, confinement in a mental hospital is absolutely necessary.

Remember that when a hitherto respectable and orderly citizen becomes a "wrong 'un," begins to speculate and develop extravagant habits, becomes a devotee at the shrines of Venus and Bacchus, and coquettes with the bankruptcy or divorce courts, these may be the early symptoms of mental disorder and something more serious than "wickedness." Urge in such cases a medical examination if only for the sake of his wife, children and other relatives.

Again, it is often necessary and in many cases imperative that marital relationship should cease when signs of mental breakdown appear. It is a difficult matter to separate the sexes in a private house and home treatment may entirely fail for this reason.

If in grave doubt, the case might be referred to the special outpatient department for nervous and mental disorders attached to several of the general hospitals or to the Maudsley Hospital for advice.

There is really very little to say in favour of home treatment, especially in the case of the poor. It is often quite impracticable, because working class families look askance at any cessation of work on the part of the bread winner for any reason other than physical. Home treatment, in fact, would never be even dreamt of if people had confidence in the mental hospitals.

To combat this want of confidence :—

- (1) Mental hospitals should, as far as practicable, be thrown open in the same spirit as are the general hospitals and the cleansing and stimulating influence of a correctly informed public opinion brought constantly to bear upon mental hospital care and treatment. Mental hospitals should be part and parcel of the everyday life of the community and not an excrescence hidden away and remote from the public eye;
- (2) The welfare of every mental hospital patient should be considered as a communal responsibility. Broadly speaking, the influences which cause

mental breakdown are cosmic in addition to being individual. The insane, as a class, are people broken on the wheel of the fierce struggle for existence and each of us by our survival contributes to the slaughter. About no section of the community can we less dare the query "Am I my brother's keeper?" Under the Common Law, the King, the Head of the Nation, is the general conservator of his people and Guardian of the Insane. What title can he be more proud of? Yet many of his subjects, howbeit kindly treated, languish in our mental hospitals absolutely friendless. It should not be; no patient should be friendless. Can any worse calamity be imagined than being afflicted with unsoundness of mind? It cuts at the root of everything life stands for. When those so afflicted have no relatives or friends other than professional custodians to take a kindly interest in their welfare, a spirit of thankfulness that this terrible fate has not fallen to our lot should bear fruit in the form of practical altruism. What better direction could this take than the "adoption" of these mental derelicts by kindly disposed and charitable individuals?

- (3) In addition every mental hospital ward or convenient group of wards should have its social visitor. I am not advocating the advent of a crowd of fussy, unbalanced men and women, but of level headed, discreet and kindly women, and in some cases men, with some idea of mental disorders, who would bring into our wards regularly a breath of fresh air from the outside world to combat institution conventionality and narrowmindedness. These social workers, failing others, would pay particular attention to friendless patients. They would act as a communicating link between the patients and their homes. They would gather reliable information regarding the patients' home environment of great value to the Medical Officer and thus help him materially as regards causation, treatment, and subsequent disposal of the patients on recovery. They would interest themselves in the social life of the wards, the entertainment and recreation of the patients, and be a consolation and comfort especially to those confined to bed for physical reasons. I am glad to say that with the permission of the London County Council Mental Hospitals Committee, we have made a move in this direction at this hospital by the appointment of Miss V. M. Dale as Hospital Visitor. She is gathering experience and exploring the directions in which she can be useful and will train others in due course. I hope this movement will spread. One of the reasons why I so readily welcomed you here was that you should hear of this good work and help it forward. It is another way in which the public can be brought into closer touch with the mental hospitals. Such social workers in our wards, when they spoke—say in annual conference—the public would listen to and have confidence in what they said. How can the public rely upon what many of the so-called reformers say, many of whom know not the insane, and have never been in a mental hospital except perhaps when handicapped by a disordered mind.

Now a few final remarks before we separate.

The establishment of a new group of institutions for the treatment of incipient insanity is advocated—asylums really but with camouflaged names. I am not in the least opposed to them—rather the contrary—but this step will not settle the problem. In a few years they will be tainted places just as the present mental hospitals are in the public estimation. Other and still more camouflaged institutions will

then be called for. No, the questions first to be answered are "What is wrong with our public mental hospitals?" "Have they failed, and if so why?" Obviously in a measure they have, for there is a vast field of mental work they scarcely touch. Why do they fail?

- (1) Because of the continuance of public ignorance as to what insanity really is and the prejudiced attitude the public adopts to the insane and the ex-mental hospital patient.
- (2) Because the mental hospitals are too much bound by law and rule. They are not free to experiment, expand, evolve, and progress with the general advancement of medicine like general hospitals. Liberty and money are necessary for progress.

What is required to make the public mental hospitals really efficient?

- (1) They need public sympathy and support. They want the public with them and not against them. They work too much in isolation and secrecy and are thus easy victims to misrepresentation and abuse. There should be more opportunities for public co-operation with and for public criticism of and public appreciation of, the work of the mental hospitals.
- (2) Old and out of date mental institutions should be abolished and replaced by smaller mental hospitals of modern type.
- (3) There should be better provision in all mental hospitals, preferably in detached buildings, for the treatment of voluntary boarders and incipient insanity, and the law altered to permit of this.
- (4) Propaganda against public prejudice and superstition as regards mental disorders and the insane.
- (5) More freedom for districts to adopt their own measures for the care and treatment of the insane, measures best suited to district requirements, and subject only to national control on broad lines (*vide* "General Improvement in Lunacy Administration including the Grouping of Areas for certain Purposes." *Proceedings of Lunacy Conference, 1922.*

This brings our course to a conclusion. You have been very welcome and your visit has given the hospital the greatest pleasure. There is no doubt in my mind as to the essential unity of problems of mental deficiency and mental disorder, and there is everything to be gained by a unity of forces. They have both the same object in view that the mental hygiene of the community should progress *pari passu* with the progress of science, education, and political economy in order that these may be made the best use of to promote happiness and human efficiency and not become destructive of human character and instruments of mental regression.

The Neurotic School Child.

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A NEUROSIS* is commonly defined as a functional nervous disorder, that is, a nervous affection unattended by any gross or demonstrable change in the organic structure of the nerves or nervous system. In this group of diseases (if they can be called diseases) both the symptoms and the causes appear to be predominantly mental. Such a definition and description are certainly vague and indefinite. What particular disorders are to be comprehended under the general term will become sufficiently evident from the subsequent discussion of the specific types.

Most neuroses, as recent investigation has shown, have their ultimate origin, not in adult life, but during childhood; and, as a rule, the neurosis in the grown-up person is continuous with the neurosis of the child. During childhood itself a nervous affection of this kind may hinder mental growth and hamper normal education; it may even, if undetected, turn the child into a dunce or a delinquent. Many children, brought by parents or teachers for special examination as suspected cases of mental defect, prove upon enquiry to be suffering from what is merely or mainly a neurosis. Many young criminals are highly neurotic; and their crimes and naughtiness are often either symptoms of, or substitutes for, one of the more generally recognised forms of functional disorder.

To obtain precise figures for the prevalence of neurotic conditions among children of school age is by no means easy. Such conditions require for accurate diagnosis something more than one brief interview; and merge in their milder forms so gradually into normal health that it is extremely hard to offer any clear-cut standard of subnormality, or to draw any definite line of demarcation. According to Terman's estimate, "at least 5 per cent. of our school children are neurotics, in the sense that they are more than ordinarily predisposed to the development of mental complexes unfavourable to the healthy and co-ordinated functioning of intellect, emotions, and will."† In the survey of backward children, carried out jointly by Dr. B. R. Lloyd and myself for the Birmingham Education Committee, 6 per cent. of the normal children, and 12 per cent. of the backward, were found to be suffering from defective nervous conditions.‡ In a recent analysis of the causes of juvenile delinquency I found symptoms of mental instability, with marked repression, in 19 per cent. of the delinquents, and in 6 per cent. of the normal control-group, the condition being in either group nearly twice as prevalent among girls as among boys. If, however, the term neurosis be restricted to more definite maladies, and reserved for such graver conditions as from their character can be ascertainably classified under one of the recognised heads, and by their severity are sufficient to retard the child's school progress, and to require special and immediate treatment, then, beyond question, the foregoing percentages would need to be greatly reduced. The figure for the popula-

* I use the briefer generic term to cover what are called 'psycho-neuroses' as well as those which are sometimes distinguished as 'actual neuroses.'

† *Hygiene of the School Child*, p. 290.

‡ *Report of an Investigation upon Backward Children in Birmingham*, p. 13.

tion of the ordinary elementary school would probably drop to less than one per cent.*

In what follows I shall have space to attempt only a classification† and description of the chief neurotic conditions observable among school children. Causes and treatment I shall not venture to discuss.

Neurasthenia.

Of all the neuroses recognisable during childhood the one which most commonly produces educational backwardness and simulates congenital dullness is neurasthenia. Neurasthenia is a term most loosely used. There is, indeed, a tendency to apply it to almost every kind of neurosis that is not conspicuously hysterical. By the more accurate writers, the word is kept specifically to denote a primary fatigue neurosis. It signifies, that is to say, a functional nervous disorder, which is not merely an incidental after-effect of some other previous illness, but is itself apparently fundamental, and is essentially marked by an unusual susceptibility to fatigue.

Neurasthenic children are by no means as dull as they appear. In educational attainments, it is true, they are at times exceedingly retarded; and in the classroom they sit listless, irresponsible, and inert. These are the young sorrowfuls whose teachers constantly complain that they were "born tired." Nevertheless, they have often deep and genuine intellectual interests; they are sincerely eager to make headway in their school work; and repeated failure and exhaustion afflicts their sensitive minds with the acutest misery and distress. It is characteristic of them that with brief conversational tests, such as those that make up the Binet-Simon Scale, they do well. When an appropriate appeal is made, their spontaneous attention may for the moment be ready and intense. But with voluntary attention it is different. The effort of will so easily induces weariness, and is itself so easily destroyed by fatigue, that all continued application is beyond them. Lack of sustained concentration is thus their gravest and most evident failing.

Memory depends upon voluntary attention. Consequently, the inability to attend carries with it an inability to memorise and learn. Wherever school work requires memorisation, in getting by rote the multiplication table, in learning the rules and irregularities of spelling or grammar, there the neurasthenic seems for ever at a standstill. The liability to brain fag, as it is familiarly called, manifests itself incidentally in perpetual inaccuracy and seeming carelessness. The child's paper work is all scribbled, blotted, and erased; and any unusual strain or stress is likely to reduce him to silent tears.

The essential condition may be detected by one of the many tests for fatigue. Perhaps the simplest is the Kraepelin addition test. Here the child adds pairs of one-place figures printed in columns: the number correctly added in each period of ten seconds is computed; and the diminution in amount measures the susceptibility to fatigue. Such a test may be applied quite easily as a group-test to a number of pupils working together in class. The normal child, as he warms

* So far as my own brief enquiries have gone, the proportions vary enormously from school to school. In certain departments, it is alleged, the repressive discipline and the rigid methods of teaching actually favour the development of neurosis; and some writers have sweepingly spoken of neurosis among children as nothing but a school-made disease. In other departments, where each child's interests are given free expression, where the atmosphere and tone are homely and sympathetic, where manual, practical, and concrete work take the place of purely abstract subjects and of formal and mechanical drill, no more than the milder degrees of common nervousness is discoverable.

There is a further difficulty in making such statistical assessments. Acute and transitory conditions, even if relapsing or recurrent, are sufficiently obscure and rare to be almost wholly missed. Hence, the investigator discovers only obvious and chronic cases, together with cases reported or supervised for some other subnormality—such as backwardness or delinquency—in which the previous history or subsequent supervision is thorough enough to reveal neurotic complications.

† Most medical textbooks recognise only two forms of neurosis—hysteria and neurasthenia. The French school has split the latter into two distinct conditions—neurasthenia proper and psychasthenia. The Austrian school again subdivides each of these into, firstly, neurasthenia and anxiety-neurosis, and secondly, anxiety-hysteria and compulsion-neurosis. The latter classification seems to fit the symptom-groups distinguishable among children the most exactly.

The few writers who deal specifically with neurosis among children appear usually to confuse very different states: and fail to distinguish what is due to normal lack of development, and what is assignable to dullness, backwardness, or deficiency, from what is genuinely a neurotic condition. The most thorough of them, L.G. Guthrie (*Functional Nervous Disorders in Childhood*: Oxford Medical Publications, 1909) devotes only a few scattered pages to neurasthenia and hysteria; and, for the rest, discusses in successive chapters, either such wide-spread symptoms as fears, fretting, moral failings, and disorders of sleep, or such special maladies as epilepsy, asthma, and chorea, which hardly belong to the group as above defined.

to his work and reaps the benefit of adaptation and practice, shows at first a discernible improvement. Fatigue may not appear for several seconds or even minutes, the time varying considerably with the age and ability of the examinee and with the special conditions of the experiment. The neurasthenic, however, shows the symptoms of exhaustion from the very start; his output begins instantly to decline; and continues to fall at a far more rapid rate than the normal; before the exercise is over, flushing, flurry, and confusion give evidence of emotional strain and an impending collapse.

Neurasthenia is generally attended by distinctive bodily symptoms. Without any manifest illness being present, the child nevertheless seldom seems well. He is intolerant of cold; and often looks as chilly as he feels. His pale face and puffy eyes wear the expression of one who is thoroughly tired, depressed, and unhappy. All his muscles appear limp and relaxed; and his whole being is wanting in physical and moral tone.

The feelings of fatigue are often localised in definite parts of the body. The child, when sympathetically questioned, admits that he continually suffers from aches and pains in his head, in his back, or in his legs and arms. A common feature is the so-called irritable eye. The eyelids are heavy and sore. Both the retina and the smaller and larger muscles of the eye are quickly fatigued, even where only the slightest errors of refraction are discoverable, or perhaps none whatever. The child prefers to work in a good light; and yet suffers easily from glare. Reading, writing, and needlework can thus be continued only under great difficulties. Sleeplessness is almost an invariable complaint. Sleep-walking, sleep-talking, and nightmares are not common; nor is the insomnia severe; but the child finds it difficult to get to sleep during the first hours of the night; and often dozes on until late in the morning. Bad sex habits are frequently discoverable, and may perhaps be intimately connected with the child's condition.

Many common ailments are accompanied or followed by similar states of nervous debility. A condition of high fatigability is a common sequel to influenzal attacks, and a frequent concomitant of chronic gastro-intestinal catarrh. Thus it seems legitimate to recognise a secondary as well as a primary form of neurasthenia. But, whether manifestly secondary or presumably primary, neurasthenia is, in the opinion of most writers, attributable predominantly to a physical cause,—the favourite suggestion being derangement or exhaustion of the sympathetic nervous system either by auto-intoxication or by disturbances of internal secretion. It is here that the assistance of the medical man is most necessary, since he may be able to detect and deal with some underlying physical factor. As a rule, the disorder rests upon a vicious circle; the mental trouble aggravates the physical, and this in turn reacts upon the mental.

Anxiety States.

Of the children reported by teachers as "nervous" by far the majority are suffering from what may be broadly named anxiety-states. The examiner's first impression is that the child is labouring under an extreme liability to the instinct of fear, that he is living, almost chronically, in a mood of apprehension. Often the symptoms exhibit so long a history, and prove so stubborn and persistent, that it is hard to withstand the inference that the timidity is hereditary or inborn.* The mother will usually relate that, even as an infant in arms, the child would start, tremble, and scream, at everything new or unfamiliar. In almost every case the child's sleep is disturbed. Between the ages of three and eight he may have been subject to night-terrors; later on, he probably complains of nightmares and alarming dreams, or he may awake suddenly in the night, with all the symptoms of panic, but without recollecting any terrifying dream. The commonest stimuli that provoke the emotion of fear are loud and sudden noises; hence, throughout life, such an individual will suffer from what is termed (not quite accurately) an auditory hyperaesthesia; for him, as for Carlyle, "the dog's harsh note, the cock's shrill clarion, the melody of wheel-barrows and wooden clogs upon the street, and that hollow triviality of the present age, the piano, will torture the ear and set the nerves on edge." As he develops from a baby into a child, his fears become prone to excitation, not only by outer stimuli, such as strange sights and sudden sounds, but also by internal ideas and thoughts. He worries; and his life grows to be one perpetual state of pessimistic expectation.

When he is older still and his intelligence is well advanced, he may realise that his alarms are usually groundless, and his worries seldom justified and fulfilled. The manifestations of fear become in consequence somewhat restricted and localised; and, though the child now finds existence less of a torture, he begins to exhibit signs that strike the observer as even more irrational and morbid. The limitation may follow two directions; and, according to its nature, gives rise to two different neuroses, anxiety-neurosis and anxiety-hysteria, respectively. For convenience, the two conditions may be considered as separate and distinct; but, as will presently be noticed, it is usual to find symptoms belonging to one accompanying the symptoms of the other.

Anxiety-Neurosis.

In some cases—generally (though by no means exclusively) among the duller and the younger childrer—it is the physical symptoms that become the more pronounced. These physi-

* In some of these instances a more careful analysis will reveal the operation of some exciting shock or situation about the second or third year.

cal symptoms are largely paroxysmal. They often appear for the first time after some severe shock or fright, or some prolonged tension or strain. Afterwards they tend to recur; and are easily re-aroused by a milder crisis or excitement. During the war an anxiety-neurosis was a frequent consequence of air-raids. But the precipitating shock is not necessarily a shock of terror. The sudden introduction of young boys or girls to sexual knowledge—particularly where some temptation is provoked, to which the child does not give way—is often followed by similar neurotic manifestations.

Generally the action of the heart is disturbed. The most usual and most characteristic symptoms are attacks of palpitation, tachycardia, and feelings of faintness. Disturbances of respiration are almost as common. The child wakes up in the middle of the night with a sense of suffocation, gasping rapidly for breath. Perspiration may be profuse; and in these fits the child trembles, shakes, and shivers. Not infrequently there may be some gastro-intestinal disturbance, and perhaps spells of diarrhoea, or precipitate micturition. Of these physical disturbances almost all, it will be noted, are exaggerations of the normal expression of the instinct of fear. Often, however, the reaction is so strictly localised, so completely confined to some particular organ or system, that the physician is apt to suspect some organic disease of heart or stomach or lung.

Anxiety-Hysteria.

In the preceding cases it would seem as if the child had developed some mechanism whereby his excessive fear could vent itself directly in bodily reactions, without any of the accumulated tension which is perhaps needed to generate the more painful and more intimate experience that forms the subjective emotion. Older and brighter children avoid the arousal of such emotions by a different process. They carefully shun all objects or situations that are likely to set up the reaction of fright. Thus certain specific fears or phobias are progressively evolved.

As with every mood or emotion, a free floating fund of anxiety is apt to attach itself to definite ideas or objects. The child thus ceases to be, or perhaps never has been, generally timid; but begins to betray an irrational dread of particular classes of things. In the initial stages, the things he fears may be those general objects or situations which normally provoke fear in all members of the human race,—solitude, darkness, thunder and lightning, strange men, large and noisy animals, and even dangerous creatures seldom met with in a civilised city, as cannibals, serpents, and bears. At a later stage, the situations feared and avoided are those that, as found by experience, are most liable to precipitate the attack of anxiety; for example, crossing a wide and open street, or being left alone in a room with a closed door. Sometimes one phobia will generate another; and eventually, upon a series of fears, something like a compulsion-neurosis will be eventually built up. The attacks of palpitation in the night may suggest to the child that he is liable to sudden illness. The fear of illness may create a dread of germs and dirt. The dread of dirt may generate a washing-mania; and the child washes its hands so perpetually that the skin is always chapped and sore. In extreme cases, the disproportion between a neurotic child's fears is sometimes astounding. I have seen a girl of thirteen, who would sit calmly, night after night, through aerial bombardments, nevertheless fly into a panic of terror because she had found a speck of soot upon her plate, and spend the whole afternoon worrying because there might be similar smuts upon her hands or clothes. In most instances, however, the morbid fears of young children are less easy to fix upon than those of adults; from his very childishness, inexperience, and inferior size and strength, a greater measure of timidity is looked upon as normal in the child. As a rule, too, in children, if not in adults, anxiety-hysteria and anxiety-neurosis are found in combination; and the distinction with them must be largely theoretical.

A pure anxiety-neurosis is usually connected with current conflicts, or with unrelieved excitement springing from some contemporary situation existing at home or at school; to solve the conflict, to remove the child from the disturbing situation, is often sufficient to abolish, at any rate temporarily, most of the physical manifestations. With anxiety-hysteria, on the other hand, the roots of the disorder reach far back into the child's mental past. Such cases are by no means infrequent among children in whom the fear-instinct itself does not seem abnormally strong; some other emotion, in fact, lies at the bottom of the disturbance. The horror of solitude, for example, may prove to be really a desire for the absent mother, who hitherto has always been present to protect or console it. The horror of the dark may actually be based upon an expectation of ghosts; and the expectation of ghosts in turn may prove to be the outcome of a secret hope or desire for the reappearance of some beloved relative now dead. Again, the fear of strange persons, and even of strange animals, is often associated with a hidden fear which the child has developed towards its own father; and this fear itself may be motivated by some half-realised jealousy, or by a guilty sense that some prohibition that the father once enjoined has been furtively transgressed. In most of the anxiety-states that are usually attributed to over-pressure at school, the actual trouble is not intellectual over-work, but emotional conflict and strain; and the disturbing elements are often to be looked for not at school but at home, residing perhaps not in the present but in the past. It follows that it is difficult to make an exact diagnosis, and to distinguish anxiety-hysteria from an anxiety-neurosis or from anxiety-states of a vaguer sort, until some deeper analysis has been conducted.

Compulsion Neurosis.

In children, compulsion neuroses are rarer than the conditions so far enumerated. They show much the same underlying mechanism as those already described for anxiety-hysteria, only the mechanism is usually more elaborate still. The child seems to suffer from some uncontrollable impulse to certain irrational actions—to touch certain posts or articles of furniture (like Dr. Johnson), to utter certain improper words or phrases on the most embarrassing occasions (like John Bunyan), to count everything he comes across (like Napoleon), or to carry out a most elaborate ritual when he washes himself or goes to bed. It will be observed that the genius suffers almost as frequently as the dullard. Occasionally the impulse is a criminal one; and the few instances of genuine kleptomania, pyromania, and so forth, are instances of a neurotic obsession—of an involuntary compulsion to steal, to set things on fire, and even sometimes to wound or kill.

The simplest cases are those of so-called tics and habit-spasms. The child, after having been chafed by some article of clothing, or irritated by some transitory inflammation, still continues to make the movement which the irritation originally provoked. He blinks his eyes as though they were still sore; he twists his neck as though his collar were still hurting him; he spasmodically shrugs his shoulder, even when undressed, as though his braces were too tight, or his woollen vest was tickling his skin.

Unlike the cases of anxiety-neurosis and anxiety-hysteria, the obsessions seem in no way connected with specific or general fears; and there is no persistent background of apprehension or worry. Indeed, the child, so far from being of a timid or a bashful nature, is usually aggressive and masterful. It is the instinct of anger or of self-assertion that is most intensely developed, rather than the instincts of submissiveness, tenderness, or fear. Once more, a thorough case-history, or careful mental analysis, will usually disclose the presence of some so-called complex or conflict arising from this abnormal propensity, and dating back to the earliest years. Perhaps the child's first acts of aggression have called forth some warning or threat; and the movements that the child now makes, the actions that he is impelled to commit, can be shown to have some associative connection with the penalties he believes he is still deserving, or with some penance or other compensation that he feels himself bound to carry out.

*Conversion Hysteria.**

Hysteria in the true sense of the word is rarely seen before puberty.† Most of the younger children reported as hysterical are hysterical only in the popular meaning of the word; they are cases of excessive general emotionality, of constitutional liability to unrestrained excitement in every form; they are, in fact, not so much hysterical as unstable. In a few cases the fits of excitement may be so convulsive, so intense, and so peculiar, that the child is mistakenly supposed to suffer from mania or epilepsy. But even here the usual stigmata of typical hysteria are always hard to demonstrate during the period of elementary school life.

During these earlier years the few examples of true conversion-hysteria that I have seen were associated with some preceding or concurrent disorder of a physical or organic kind. A child, who has broken his thigh may still, when the fracture is quite healed and the leg quite strong, declare that it is unable to walk or stand.‡ The child, who has suffered from some ocular defect, and perhaps had its eye shaded or bandaged for several days or weeks, may still, when the defect has been cured and the shade or bandage removed, complain that it cannot see clearly, or even that it cannot see at all, with the eye that was previously affected. In my experience most of these instances occur among children of a somewhat dull intelligence. The bright, imaginative, supernormal child is by no means exempt from hysteria; but the hysteria generally assumes some other form.

At a later age, in secondary schools for girls and in training colleges for young women, especially where the strain of examinations coincides with the crisis of puberty or the trials of first love, typical hysteria is more frequently met with; and, with these persons, premonitory symptoms, of the same order but occurring during earlier years, are sometimes recalled by the relatives.

With all such cases, analysis will reveal a predominantly psychical origin for the functional disorder. Most of them fall under the well known formula that the symptom is the expression

* The term "conversion-hysteria" (Freud) or "substitution-neurosis" (Rivers) is used to distinguish the familiar type of hysteria in which physical manifestations predominate over, and seem to be substituted for, mental manifestations—the latter being, by the processes of association and habit formation, "converted" into the former.

† In children conversion-hysteria tends usually to a spontaneous cure. Hence, apart from those that relapse early and often, it is possible that many transitory cases exist in elementary schools that never come before a specialist.

‡ In one of my cases the child was at first supposed to be suffering from hip-disease. He was eventually discharged from the hospital as cured. He suffered, however, from several relapses; and in the last the disability suddenly changed from the right to the left leg.

of a fear or wish that is more or less repressed. The physical disability, thus mentally produced, is a mode of unconscious self-defence. For example, the child, who has first been for many years spoilt and indulged as the only child of the family, and has then become jealous of a newly-born brother or sister, but has later, during illness or convalescence, recovered his original privileges as the chief focus of family interest and attention, may endeavour almost automatically to maintain this ego-centric situation by prolonging his earlier infirmities. It is, of course, important to realise that both the wish and the device are nearly, if not quite, unconscious. The child is not deliberately simulating or malingering.

Such, then, are the commonest types of neurosis to be encountered among school-children. With special modifications, simplifying or complicating them, they are, it will be seen, closely analogous to those described as obtaining among adults. The prevalent notions that hysteria is a disease of young women, and neurasthenia a disease of elderly men, are wholly misleading. Neurosis disables the child in the classroom quite as often as it incapacitates the adult in the office or the home.

Except where the nervous disorders are accompanied by evident physical symptoms, or culminate in troublesome outbreaks of crime or wild behaviour, little or no attention is paid to these cases at the younger ages. Yet, if we may rely upon recent psychological doctrines, it seems clear that a proper application, during the school period, of the principles of mental hygiene, would avert during after-life many of the most serious disorders of the mind. Under existing conditions the detection and treatment of these young neurotics must rest, not with the school medical officer, but primarily with the parent or the teacher. Medical assistance is invaluable where it can be obtained, both for preliminary diagnosis, and for broad recommendations as to treatment and training;* but, as a rule, all that the milder cases most urgently need—and, unfortunately all that even the graver cases will usually obtain—is not intensive medical treatment, but prolonged educational training upon sound psychological lines.

*In certain circles, at the present time, there is a tendency, by no means unsound, to emphasise the essential importance of mental processes in the production of functional disorders. This, of course, must not lead the layman to suppose that a smattering of general psychology, or an acquaintance with books on psycho-analysis, will qualify him to discover or treat neuroses in children. Ideally, indeed, every case should be seen by a medical man; and the failure first to rule out the possibility of organic illness may obviously lead to fatal errors in cases rashly diagnosed as hysterical.

The Board of Control's Eighth Annual Report.

Although in their recently issued report* the Board of Control have to report the retardation of the development of work under the Mental Deficiency Act during 1921, due to the necessity for economy, and can hold out no hope of any immediate change for the better, the following paragraph removes any idea that they therefore no longer urge the making of efforts in the direction of the "speeding-up" of administration (the Italics are ours:—)

"We desire to point out that it is most important that Local Authorities should pay great attention to the work of Ascertainment, and should make full use of their powers of statutory supervision. As we have shown in our last two Annual Reports, there is still very much to be done in these directions. A few Local Authorities have carried out these duties admirably; others have done so to a limited extent, while some have given no indication of having taken any steps whatever in this direction. *Wherever ascertainment has been thoroughly carried out, urgent cases have been revealed.* Such cases can now be dealt with. In less urgent cases much good can be effected by placing them under statutory supervision, which has been found in many instances to afford just sufficient help and care to prevent the defective from getting into irretrievable trouble or becoming degraded. *It is hoped, therefore, that Local Authorities will make their Ascertainment and Supervision thorough and adequate.*"†

This should encourage Secretaries and members of Local Voluntary Associations as should also the Board's direct tribute to their work in another paragraph where it is designated as being "of incalculable value to the community."

After Care of Defectives Discharged from Institutions.

Special attention is in this report drawn to the importance of the systematic After-Care of defectives discharged from Institutions about whose future welfare the Board is "much concerned," Their general policy is, they state, to allow leave of absence for some months before consenting to discharge and consenting to it then only on the understanding that the patient will be kept under supervision by the Local Authority or the Local Voluntary Association. In this way the wisdom of discharges should ultimately be tested and valuable data be accumulated.

"Residence."

Considerable space is devoted to the vexed question of what constitutes "Residence" under the Mental Deficiency Act and it is pointed out that as a result of the judgment in the Berkshire County Council v. Reading Borough Council case (1921, 2 k.b. 787) the present anomalous position is that "the mere residence of a defective within the area of a Local Authority is sufficient to make that authority liable for the maintenance, although such residence was against the will of the defective and would not operate to confer a Poor Law settlement." The following resolution on the subject, passed by numerous Local Authorities

* Published by His Majesty's Stationery Office, Kingsway, W.C.2. Price 7s. 6d. Post free 7s. 9d.

† P. 56.

as well as by the County Councils Associations, is one with which the Board states itself to be "fully in sympathy":—

"That, in view of the decision of the Divisional Court in the case of *Berks. County Council v. Reading County Borough*, it is desirable that the Mental Deficiency Act, 1913, should be amended in order that 'residence' may be defined and the chargeability of a Local Authority for mental defectives be based on 'residence' for a fixed period—say, one year—within the area of a Local Authority or on Poor Law Settlement, and that no period of residence in an Institution certified under the Mental Deficiency Act, 1913, for the reception of mental defectives shall be deemed to be 'residence' within the meaning of the Act."*

State Institutions.

In recording the closing of Farmfield State Institution and the accommodation of patients, male and female, at Rampton, the Report devotes a considerable section to the problem of Institution care of the Moral Imbecile and its extreme difficulties. "The longer," states the Commissioners "is our experience the more† are we impressed with the fact that we are dealing with individuals so varying in temperaments, characteristics and mentality, one day or possibly for days bright, cheerful and willing, then dull, lethargic and depressed, at one time amenable to mild discipline and kindness, but in a moment abusive, noisy and turbulent, that the hopes of to-day are succeeded by the despondency of to-morrow."

Every effort is made to encourage games, industries, occupations and amusements and the question of providing "mental as well as manual training is under consideration as is also the provision of further industries. All this however must involve additional expenditure and whilst "the blight of financial restrictions hangs over the country" postponement may be inevitable.

Women on Management Committees of Certified Institutions.

We are glad to note that the Report makes special mention of this subject. "It is observed with regret," that there are still one or two Management Committees on which no women have been appointed, and the opinion is emphatically laid down that where a Local Authority establishes an Institution and appoints a Management Committee such Committee should include women.

Statistics.

The total number of defectives under care on 1st January 1922 is as follows:— In State Institutions, 325; in Certified Institutions, 8513; in Section 37 Institutions, 4052; in Certified Houses, 218; in Approved Homes, 236; under Guardianship or Notified under Section 51 as being in single care, 416; grand total, 13,810, which is a net increase as compared with the previous year, of 1784.

Two new Certified Institutions (The Manor, Epsom, and Calderstones, Lancashire), were opened during the year, and 26 additional Poor Law Institutions were approved under Section 37 of the Mental Deficiency Act.

* P. 60.

†P. 63.

Notes and News.

Mental Inefficiency and Crime.

To the following figures, taken from the report of the Prison Commission for the Year ending March 31st, 1922,* we draw the attention of our readers:—

	<i>Cases Certified</i>		<i>Transferred under</i>		<i>Handed over to</i>	
	<i>under M.D. Act</i>		<i>Section 9.</i>		<i>Local Authority</i>	
	<i>during sentence.</i>				<i>on Discharge.</i>	
	1922	1921	1922	1921	1922	1921
Local Prisons	64	104	34	62	21	95
Convict Prisons	3	8	3	20	—	—
Borstal Institutions	18	28	20	9	—	—

In addition 42 cases in Local prisons were reported as being "weakminded" though not certifiable (1921, 67).

Last year it may be remembered the Commissioners discussed the difficulties experienced in effecting the transfer to Institutions of Borstal inmates reported under Section 9 of the Mental Deficiency Act. They now record some improvement in this respect, which they attribute in part to the result of a Circular issued during the year to all the local prisons pointing out that Borstal training should be restricted to those "who are capable of receiving education and instruction in a trade," and urging that wherever possible careful mental examination by medical officers should be carried out before such a certificate of fitness is given: in part also to the fact that Reception Classes have been established at Feltham and Aylesbury where special examinations are conducted with a view to the further elimination of unfit cases. In the prisons, however, the trouble continues as before.

The Commissioners are evidently much impressed by this problem and state emphatically that defectives, as well as offenders who though uncertifiable are of sub-normal or abnormal mentality, should not be sent to prisons or Borstal Institutions at all as they require curative treatment carried out by people with special training; prison environment only tends to aggravate their condition, and "if they continue to arrive there, a separate establishment with a special staff should be provided."

Another document of interest bearing on this subject is the report for 1921-22 recently presented by the General Purposes Committee to the Birmingham Justices and containing statements by Dr. W. A. Potts and Dr. Hamblin Smith on the work. During the year, 135 cases coming before the Courts were remanded in custody in the special remand department of H.M. Prison, for observation and examination. Of this number, Dr. Hamblin Smith reports that only 30—less than 23%—were ultimately sentenced to imprisonment. 17 were certified under the Lunacy Act, 10 under the Mental Deficiency Act, and the rest were placed on probation, dismissed, adjourned, fined or bound over.

We learn with regret from the report of Dr. Potts that very little use is made by the Justices of that part of the Scheme which provides for the special examination of juvenile delinquents not remanded in custody. Dr. Potts to whom this

*To be obtained from H.M. Stationery Office, Imperial House, Kingsway, W.C.2. Price 2/1½, post free.

duty is assigned, states that only one such case has been referred to him during the year, a fact which he deplures, on the ground that "one of the principles of the Birmingham Scheme is that special examination should be available alike for those who go to Prison and those who do not," and that it is the young first offender who is most amenable to treatment.

A new area to be awakened to the importance of the "Special Examination of Offenders" is the County of Glamorgan. Dr. E. Lewis, the Medical Superintendent of the Drymma Hall Institution for Mental Defectives, Skewen, nr. Neath, has recently submitted to his Committee a full report on the subject, deploring the state of affairs that exists in the county (only recently for example it has been found that twelve cases in Borstal Institutions are defectives who have passed through the Courts undetected) and suggesting the calling of a Conference "to discuss the need for correlation between Court, Prison Departments and the Mental Deficiency Act Committee." We shall await with interest the outcome of Dr. Lewis's efforts.

Sir George Newman on Special Schools.

In the Annual Report of Sir George Newman as Chief Medical Officer to the Board of Education published this year under the title "The Health of the School Child," some interesting reflections are made on the subject of Special School education.

From its history he deduces three lessons which he regards as of exceptional value:—

- (1) It has shown us that the real criterion of education is to equip the child for life, and not merely to add accomplishments.
- (2) It has revealed the contribution which *psychology* as well as *physiology* has to make to the problem of the defective child, and shown us that it is in the psychological approach that our chief failure lies.
- (3) It has brought into full relief the importance of *After Care*.

"These are the characteristics," he says, "which make the training of the defective child one of the high roads of psychology and one of the little trodden paths of preventive medicine. The record of facts in regard to these Special Schools is plain yet inspiring, and behind the facts lie some of the most interesting problems in the whole range of education."

Dealing with the "positive results" of the education of defective children, Sir George Newman records the fact that of the blind 50%, of the deaf 80%, of the cripples 75%, but of the mentally defective only 40% are able subsequently to support themselves.* The amount expended on Special M.D. Schools in 1920—21 is given as £390,000†; on schools for the Blind £79,000; on Schools for the Deaf £115,000; on Schools for Cripples £217,000; for delicate and pre-tubercular children £144,000; and for epileptics £11,000. The Board feel that this

* Corresponding figures from the records of the Birmingham After Care Committee show that though in 1921 only 32% of their Ex-Special School children were in remunerative work, in 1919 and 1920 the figures were 48% and 45% respectively.

† According to the Report of the Board of Education 1920-21 there is accommodation in Special M.D. Schools (Day and Residential) for 16,328 children. The average cost per head therefore works out at about £23 per annum. The elementary education of a normal child costs about £9 per annum.

high cost is prejudicial to their development and must be reduced, and "ineducable children must be excluded."

No new figures as to the number of defective children are given in the Report, there being no estimate later than that drawn up in 1920, (viz: feeble-minded 31,000, imbeciles and idiots 6,000).

National Special Schools Union Conference.

The Hon. Secretary of the National Special Schools Union (Mr. J. Hudson) has kindly sent us an account of the recent Birmingham Conference of which the following is a resumé:—

The Biennial Conference of the National Special Schools Union was held at Birmingham on the 23rd, 24th and 25th of November last. In matters of local government, Birmingham has long maintained a high standard of public service and has earned for itself a reputation for enlightened opinion and thorough and efficient administration. It is not surprising therefore to find that the Birmingham Education Committee took the Conference seriously; the papers were largely contributed by Birmingham officials,—in the persons of Dr. Innes, Chief Education Officer, Dr. Thomson, Special Schools Medical Officer, and Dr. Marion Bridie, Supt. of Birmingham Special Schools,—whilst for Chairmen it had the Chairman of the Education Committee (Councillor W. Byng Kenrick), the Vice-Chancellor of the University, and Alderman A. R. Jephcott, M.P. High honour was also shown to the Conference by the reception held by the Lord Mayor and Lady Mayoress and again by the opening speech delivered by the Lord Mayor on the morning of the 24th.

It was a serious Conference. One felt all the time that grave questions were being discussed in a spirit of earnestness and with high-minded desire to get down to bedrock of truth and assured fact. But at the same time there was, equally clearly, an atmosphere of deep sympathy with the afflicted members of the community whose present and future possibilities constituted the problems facing the Conference. This spirit and atmosphere, one felt, were most fittingly and delightfully gathered up in that closing speech delivered with such quiet earnestness by Councillor Miss Martineau, Chairman of the Birmingham Education Special Schools Committee.

The first note struck by Dr. Innes in his very valuable and inspiring paper was that of the importance of keeping the public informed of what is going on in the schools. He also strongly emphasised the necessity of a special curriculum with special methods taught by teachers with special training and imbued with almost infinite patience and high ideals of service. These, he said, work wonders even with the comparatively low-grade feeble-minded, so that instead of becoming anti-social beings and liabilities on the state, the children become an *asset* to the community. Speaking of Occupation Centres, he could not regard them as to any extent capable of taking the place of Special Schools.* On the question of the leaving age, he was strongly in favour of retention in the school until 16.

Truly the Conference would have been worth while had this been the only paper. But there were others whose principal motive alone I can here indicate. It may be briefly indicated in the words—experiment—tabulate—prove. Above all, *prove*. This note was particularly struck by Dr. Thomson. I think I shall not misrepresent him if I say that his attitude is not "You are wrong" or even "I

* The C.A.M.W. fully share this view.—ED.

do not think you are right," but "You have not yet proved your case." This is a challenge which Special School teachers cannot neglect. Sentiment may carry some of the public all the time, all the public some of the time, but not all the public all the time. It is fact, verified and verifiable, which will count in the long run. A very valuable paper by Miss Bridie had already shown how investigations on "Rates of Progress" had been carried on in Birmingham schools.

A Special School Boy's Brave Act.

We dwell so much on the sins and failings of defectives that we are apt to forget that here and there amongst them, on the other hand, qualities may be found which we ourselves do not invariably possess.

An instance of this has recently been brought home to us afresh by a press report which we have received of a London Special School boy (attending the Cloudesley School, Islington), who was a few weeks ago, at a gathering of his teachers and schoolfellows, presented with the Certificate of the Royal Humane Society in recognition of his bravery in saving a child from drowning, at the risk of his own life.

It may be remembered that in our July number we recorded similar acts of lifesaving on the part of two other Special School boys (from Edward Street School, Deptford), and to all these three children as well as to their respective schools, we are proud to do honour.

Course on Mental Diseases for Secretaries of Local Voluntary Associations.

This week's Course originally arranged for May and announced in our April number was held in October and attended by great success. The following account of it which appeared in the *Lancet* of 11th November 1922, will we think be of interest to our readers.

"An interesting development in mental welfare work took place recently at Horton Mental Hospital, Epsom, when by permission of the Mental Hospitals Committee of the London County Council and with the co-operation of Lieutenant-Colonel J. R. Lord, medical superintendent, 19 secretaries of voluntary associations for mental welfare received a week's course of instruction in mental diseases with a view to their better equipment to deal with the borderland cases about which they were frequently consulted. Lectures were given by Colonel Lord on the following subjects:—Historical Retrospect of Insanity; The Normal and Disordered Mind; Causation of Insanity and Early Symptoms of Nervous Exhaustion; Clinical Forms of Insanity; Lunacy Law, Institutional and Home care of the Insane (including suggestion for reform.)* A special demonstration on clinical types was given, and the students paid visits to the wards of the hospital and attended the patients' weekly dance.

In addition to the instruction at Horton, lectures were given at the offices of the Central Association for Mental Welfare by Dr. E. A. Hamilton-Pearson on Nervous and Unbalanced Children, and by Dr. Norwood East on Co-operation with the Work of Medical Officers of Prisons, whilst visits were paid to the Manor Institution for Mental Defectives recently opened by the L.C.C. at Epsom, and to the Ministry of Pensions Neurological Hospital at Ewell. The students also had an opportunity of discussing with the secre-

* Reprinted in this number.

tary of the Mental After-Care Association the possibilities of co-operation between that association and associations for mental welfare.

Although a week's course cannot obviously be looked upon as an adequate training in this branch of mental welfare work, the experiment has nevertheless fully justified itself. The students not only gained a clearer idea of the nature of insanity and of its several forms and their varying prognoses, but they were also given opportunities of realising the difficulties inherent in the problem of mental hospital administration and the impossibility of making any serious contribution to the cause of lunacy reform without a foundation of first-hand knowledge. Such opportunities have hitherto been lacking. This pioneer effort may be the forerunner of developments on a much larger scale when courses of longer duration will come to be regarded as an indispensable part of the training not only of secretaries of associations for mental welfare but of all social workers in general, most of whom are at some time or other brought into contact with the problem of the unbalanced mind."

New Hospital for the Treatment of Early Mental Disease.

Another development in Mental Hygiene which we have great pleasure in recording is the opening of the Maudsley Hospital, Denmark Hill, London, S.E.5.

The Hospital has been established by the London County Council at the suggestion of the late Dr. Henry Maudsley who made a generous contribution to the cost of building, and it would have been available some years ago had it not been for the necessity of diverting it to war purposes.

It is intended for the treatment of nervous diseases, especially for patients suffering from incipient curable forms of mental disorder who are themselves desirous of treatment. Accommodation is being provided for both Out-patients and In-patients; at the moment of writing only the department for Out-patients is operating. The wards will be opened during the month of January. Patients having a legal settlement in London will be required to contribute according to their means, as at the voluntary Hospitals; others can only be received if prepared to pay the full cost of maintenance. In addition there will be a number of private rooms (for women only), for which special charges will be made.

Enquiries for further information should be addressed to the Medical Superintendent, Dr. Edward Mapother, M.D., F.R.C.S., M.R.C.P., at the Hospital, or to the Chief Officer, Mental Hospitals Department, L.C.C., at the County Hall, Westminster Bridge, S.E.1.

Rug -Weaving for Defectives.

We should like to draw the attention of those interested in occupations for defectives to a special type of Smyrna Rug-weaving which is used with great success at an Employment Class for defective girls in Croydon, and in which lessons have recently been given to workers in the C.A.M.W. offices.

The process is an extremely simple one, and the materials are not costly. No loom is required, the work being done at a table on a light wooden frame which, for a small mat, need not be larger than 3 feet \times 1 foot, 8 inches. The rugs produced are effective and have been found to secure a ready sale.

The occupation is therefore one which can be recommended for defectives living in their own homes, as well as for those in Institutions and for Employment

Classes. We suggest also the possibility of introducing it successfully into Mental Hospitals as a simple Ward occupation.

We shall be glad to show the method to anyone who is able to call in at the Office, and we are hoping shortly to have for demonstration purposes a small model apparatus which can be sent by post to enquirers living at a distance.

Circulating Library for Mental Welfare Workers.

We shall be glad to hear from readers of this Journal who would like to join a Circulating Library of books on Mental Deficiency, Mental Hygiene, Psychology, Mental Tests, etc., which we are prepared to form should the demand for it be great enough.

It is proposed to fix the subscription at 10s. a year; postage of books will probably amount to about 5s. in addition to this, making the total annual cost per member for one book at a time approximately 15s.

A tentative preliminary catalogue of some 50 books and periodicals with which we suggest the Library shall start as soon as the necessary minimum number of 40 members is obtained, has been prepared and can be had on application.

The C.A.M.W. and Sterilisation.

The Medical Committee of the C.A.M.W. which has been considering the question of the sterilisation of defectives presented its report to the Council of the Association on October 30th last.

The report was approved but before publication it was decided that it should be incorporated in a larger pamphlet to be prepared by a specially appointed Sub-Committee of the Council which should deal with the social as well as the purely medical aspects of the problem.

Until the appearance of this pamphlet the Association is reserving any public announcement of its policy.

Occupation Centres—New Developments.

Official Recognition of Centres.

We have great pleasure in informing our readers that the future of Occupation Centres is assured, for the Board of Control announce that they are now empowered by the Treasury and the Ministry of Health to contribute, to a limited extent, towards the expenses incurred by Voluntary Associations in carrying them on, and a Circular has accordingly been sent to Secretaries setting out the particulars which should be furnished in applying for grants.

To the C.A.M.W. and to all those workers who, in spite of great difficulties, have given practical effect to their convictions that every defective child has a right to training—and amongst them we would specially mention Miss Elfrida Rathbone, for it was she who with the opening of the Lilian Greg Centre led the way—this fruition of their labours will bring hope and encouragement. Once again, too, has been demonstrated the great value of voluntary enterprise in blazing the trail for future official activity.

This new development makes it more than ever important that the work of Occupation Centres should be co-ordinated and put on a basis which will allow of easy expansion and the C.A.M.W. hopes to arrange shortly a meeting of Secretaries and others intimately concerned in order that the whole situation may be reviewed and a scheme of co-operation drawn up.

A Local Authority's Centre.

A Centre under the direct control of a Local Authority in an area where no Voluntary Association exists, is a further development which has recently taken place.

Such a Centre was established after the summer holidays by the Norwich Statutory Committee for the Care of the Mentally Defective and an interesting account of it has been kindly supplied to us by the Town Clerk. From this we quote the following passage :—

“The Board of Control at first appeared somewhat doubtful as to whether a Local Authority under the Mental Deficiency Act had statutory authority to incur expenditure in establishing an Occupation Centre, but eventually agreed that the provision of simple training at such a Centre for defectives ‘subject to be dealt with’ might come under the heading of suitable supervision. The Centre was established after the Summer School holidays, and the experience gained so far tends to confirm the view of the Local Authority that the supervision required to be provided under s.30 (b) of the 1913 Act is much more effective where the visitation and inspection of homes laid down by the Regulations as a minimum obligation is supplemented by the closer personal relations obtainable in an Occupation Centre, coupled with the value in the training of the defectives of the regular habits acquired.”

The Centre is conducted by the Committee's Lady Enquiry Officer and is open on five mornings a week from 10 to 12 o'clock. It is attended at present by six children, whose ages range from 12 to 17, and its activities include singing, games, and physical exercises, light woodwork, raffia work, knitting and crochet, rug-making, writing and number. A very successful Christmas party was held, attended by members of the Committee as well as by the parents, at which the children provided a programme of eleven items. Until recently the Centre has been held in the Committee's office, but more suitable premises have now been acquired in a parish hall.

In spite of the fact that the children have only been attending three months and of the handicaps under which the work has been carried on “there is no doubt,” our report emphatically states, “that the children are better, happier and more attentive as the result of their first term's work.”

Book Reviews.

"THE PSYCHOLOGY OF THE CRIMINAL." By M. Hamblin Smith, M.A., M.D., Medical Officer of H.M. Prison, Birmingham. Methuen & Co., London. pp. 182. Price 6s. net.

"THE PSYCHOLOGY OF MISCONDUCT, VICE AND CRIME." By Bernard Hollander, M.D. George Allen and Unwin, London pp. 220. Price 7/6 net.

With the growth of the science of psychology, current ideas regarding the causes underlying conduct or misconduct have undergone a very important development and in no direction is this more apparent than in our views concerning the criminal. From being a person to punish he has become one to understand and reform. To do this obviously necessitates a psychological study of the individual criminal and Dr. Hamblin Smith's book gives the results of such a study which he has made in a considerable number of cases.

Dr. Hamblin Smith, for the past three years, has had the opportunity of examining many offenders in and around Birmingham to which city, as is well known, belongs the credit of having taken the lead in this country in the psychological investigation of criminals. In addition Dr. Smith has had twenty years experience as Medical Officer in local and convict prisons, so that we looked forward to reading his account with much pleasure and with great hope that we should find in it a valuable exposition of the subject.

The book consists of six chapters; Chapter I is a general statement of the problem, and in it the author briefly discusses the various theories which have from time to time been advanced as to the cause of criminality, the problems of punishment and of responsibility.

He emphasizes here, and throughout the book, the absolute necessity for a study, not of crime, but of the individual criminal, if we are to make any advance in our knowledge and methods of treatment. Chapter II deals with the physical examination and investigation of the offender's conscious mind. It contains a useful account of the mental tests which he has found of value, which, in the main, are the same as those in ordinary use in the examina-

tion of defectives. Chapters III. & IV. which deal with the investigation of the offender's unconscious mind, are taken up with an account of the doctrine of Freud, of the abnormal states which may result from repressed complexes and of the methods of psychoanalysis. Chapter V. gives a short description of such offenders as Mental Defectives, Epileptics, Psychopathics, Moral Imbeciles, etc., and the final chapter deals with the attitude of society to the offender and makes some useful and practical suggestions.

Whilst much in this book will be found of decided value to those entering upon a study of criminology, or who are called upon, in either a medical or legal capacity, to deal with offenders, we must confess that on the whole we come to the end with a feeling of disappointment. For it seems to us to have one grave defect which militates against its general usefulness, and that defect lies in the general want of balance and undue prominence which is given to Freudism and Psychoanalysis. With regard to this doctrine Dr. Hamblin Smith is obviously a fervid enthusiast. Nearly two fifths of the book deal with the criminal from this aspect alone and even when describing him from other standpoints the author seems to be in the predicament of Mr. Dick with regard to the head of King Charles. Thus, even in the case of the constitutional inferiors, whose real trouble surely depends upon their innate imperfections, we are told that "it is quite possible that some sexual conflict is often at the root of the trouble." We are informed that a repressed sex conflict "is always to be found" in cases of kleptomania and that even the dipsomaniac probably owes his craving to a repressed sex conflict. This is not the place to enter upon a criticism of Freud's doctrines, but we may remark that many of them are purely hypothetical and are very far from being accepted by many psychologists of eminence and experience. Personally, we do not deny the possibility of repressed conflicts being a cause of crime, but we feel that there is more in the psychology of the criminal than this and we could wish that a somewhat better balance had been preserved in the author's presentation of the subject.

There is one other matter to which we would venture to allude, namely, that of moral sense. Dr. Hamblin Smith denies that this exists; but does he appreciate what is meant by this term? If Dr. Hamblin Smith, or any other well brought up, self-respecting person, should happen, whilst walking at night along an un-frequented road, to stumble upon a bag of sovereigns, why does he give notice at the police station or take steps to discover the owner? The circumstances are such that he might appropriate them without the slightest chance of detection and it may be that his first impulse is to do this. But this primitive instinct is inhibited by certain emotions, (repugnance, shame, self-esteem, etc.), crystallized round the idea of theft. This system of emotional dispositions centred round an idea constitutes a sentiment, a sense—in this case moral sense—and we believe that there is not only ample evidence that such exists, but that it plays a very important part in the inhibition of primitive instincts and consequently in the regulation of conduct. We may add that we regard the absence of this sense as one of the mental defects present in that class of persons known as moral imbeciles, regarding whom Dr. Smith seems in such perplexity.

Whilst we consider that Dr. Smith's account of the criminal attaches undue importance to one mental aspect, nevertheless the book is obviously the result of much thought and observation and is conceived in a scientific spirit. We cannot say the same of Dr. Hollander's production. It is in the main a conglomeration of trite sayings, obvious facts and inaccurate statements put together in an extremely loose manner and giving no evidence of either scientific knowledge or original thought. The book might well have been written by a journalist who had read up the subject, indeed it is doubtful if a modern educated journalist would have perpetrated so many absurdities as it contains. For instance, resentment is surely an emotion, the author speaks of it as a propensity or impulse, and he calls suspicion an instinct. He says: "There are many geniuses in the world who remain undeveloped and obscure for lack of opportunity; there are many imbeciles whose

defects are hidden because they are never called upon to do anything requiring intelligence, and there are many criminals in the world who remain honest solely because they have never been subject to temptation." If he is using the terms genius, imbecile and criminal in their proper meaning this is sheer nonsense. We fancy that most people will also think the same of the statement "most people could not get drunk if they tried." We are told that "in the struggle for existence among men, it is not the fittest that survive, but those who most readily adapt themselves." It does not seem to have occurred to Dr. Hollander that these latter *are* the fittest. It is interesting to learn that "the morally sound will grow up normally even amongst criminal surroundings"; but it would be still more interesting if Dr. Hollander would produce evidence in support of this statement.

Dr. Hollander would appear to have such a unique knowledge of "phrenology" that he has surely missed his vocation. He can detect thieving propensities merely by the shape of the head. What an asset for a criminal investigator! He gives a whole catalogue of alterations in conduct which *may* happen after injury or disease of various brain areas, and he claims to have discovered the actual localisation of various propensities. What a virtue there is in that "may" instead of "do." Of course such changes *may* occur, but equally of course they may not. And upon such observations as these he bases the cerebral "localisation of conduct!"

One final small point. On Page 42 Dr. Hollander says, as if it were his own idea, "Even in the case of tests which are tests of character and most nearly approach social situations, there is still a great difference between passing them in a laboratory or under the stress and strain of real life." The words seemed strangely familiar so we looked up the "Lancet" of November 16th, 1920 and there we read, "Even in the case of tests which most nearly reproduce social situation there is still a great difference between passing them in a laboratory or under the stress and strain of real life." But the author of the words was not Dr. Hollander! A. F. TREGOLD.

THE NEW PSYCHOLOGY AND THE PARENT. By H. Crichton Miller, M.A., M.D. Jarrold, 6s. net.

Dr. Crichton Miller has summarised the recent advances in the knowledge of analytical psychology and the unconscious with special reference to the child and his management. It is from the parent's point of view that the following remarks are made.

The whole ground covered is still highly controversial and we may still doubt after reading the book whether the public will benefit from having in its hands the tools of the expert mind-analyser. But Dr. Crichton Miller disarms much criticism. For, as he says, it is not psycho-analysis for the young he advocates, but rather a method by which we are helped to think clearly and to know ourselves. His principles are often not much more than intelligent commonsense, and are practised by many who would repudiate all knowledge of psychology. He enters a more debateable realm in the chapter on dream-symbolism, which we can only feel, will deter many from further study and will afford amusement to more.

But questions as to the application of this new psychology must be answered, and we must be thankful that we have here a reply written in such a spirit of sanity and fairness. He has placed within public reach much that must tend towards a more commonsense view of mental hygiene. The chapters on sex-instruction and his recommendations on the treatment of the sensation-mongering child are especially important in emphasising the need for an unemotional treatment of the topics which will arise, and the paramount importance of not relegating subjects unpleasant to the parent to mental cupboards.

All this and much else in the book must help towards mental health, even though there lurks in it a very real danger that as parents we shall introduce a new self-consciousness, unnaturalness, and exaggerated anxiety into our relationship with our children—especially with our amateurish efforts—which they will be the first to detect and to resent. And again neurotic conditions revealed in the consulting-room are directly attributed to some

early, usually parental, mismanagement. The lay reader cannot judge of the fairness of this estimate, but we question whether the inherent weakness, even after perfect mental surroundings, would not have found some peg on which to hang the complex.

Lastly, will the psychologist never learn that the lay public dislikes his particularly irritating slang?

N. BARLOW.

REMEMBERING AND FORGETTING. By Professor T. H. Pear, M.A., B.Sc. Methuen, 7s. 6d.

This book is difficult to review; one reason is that in his preface Professor Pear has disarmed criticism. The defect of the work lies in that the author has tried to deal with too big a subject in a too limited space—the trees in the wood are too closely crowded together. Such a defect has this merit for many of us, that interest, stimulated, but not satisfied by one or other aspect of the subject matter of the book, must find satisfaction in a wider reading of the whole subject. A sufficient justification in itself for the publication.

There is one important point which could do with greater elaboration, because of its legal importance, that is the value of cross-examination in aiming at the truth of a recalled experience. It would be of great interest to ascertain if the emotional state of the person actually participating in an experience has any marked effect on the appreciation of that experience.

Would a person very highly emotionally affected by the witnessing of an accident get a different impression—even actual visual impression—from that of a less emotionally affected spectator? It seems a point of practical importance.

In his chapter on the "Intellectual Respectability of Muscular Skill" there is much food for thought and research. The idea of what might be termed a Kinaesthetic memory almost distinct in itself is new to me. But even in its shadowy form it opens up the possibility of answering certain questions that have hitherto been unanswerable or only answerable in a vague unsatisfactory way. It is to be hoped that Professor Pear will some day

soon give a detailed account of any research he has or is carrying out regarding this possibility of a defined kinaesthetic memory.

The book is an excellent starting point for many lines of psychological reading and as such can be sincerely recommended. It is not too technical and yet sufficiently so to form a step to more detailed study.

E. A. HAMILTON-PEARSON.

“THE LOCAL GOVERNMENT OF THE UNITED KINGDOM” and “SOCIAL ADMINISTRATION INCLUDING THE POOR LAWS,” both by John J. Clark, M.A., F.S.S. Sir Isaac Pitman & Sons. 7s. 6d. net each.

It should be considered as important for mental welfare workers as it is for social workers in any of the older branches of that profession to have, as a background, a knowledge of activities outside their own special province, with some idea of the “early history” in which the multifarious social movements of the present day have their roots.

These two volumes should do much to supply for the much occupied worker without time for prolonged study what he needs in this direction, for whilst being brief and to the point, they give a comprehensive account of the movements constituting “Social service” and of the powers and duties of the public authorities concerned with Local Government and of the various Acts of Parliament which they severally administer.

One does not, of course, expect a work of this kind, surveying such a wide field of social activity, to enter into detail with regard to each of its subdivisions. But in the treatment of the subject of the care of the mentally defective to which we, whose chief interest it is, naturally pay special attention—we note some misstatements and omissions serious enough to warrant the author’s attention being drawn to them.

Each of the volumes contains some account of the Mental Deficiency Act. In Chapter XIII. of “Social Administration including the Poor Laws,” the act is described in so far as it affects the position and duties of Boards of Guardians. The description given is substantially correct, but it is perhaps a pity that the account of procedure under Section 30 (ii) was not carried a step further in order to com-

plete it by showing exactly how it achieves its end—a point upon which the general reader is now left in doubt.

There is also an account of the Act—this time in its relation to Local Government—in Chapter XX. of “Local Government in the United Kingdom.” The criticism we would make here is that no indication is given as to there being any limitations in its application. Indeed we read, in the paragraph headed “Duties of Local Authorities,” “The first duty of a local authority is to ascertain which persons within their area are defectives and *therefore* subject to be dealt with under Section 2 (2) (b) of the Act” which implicitly rules out the idea of limitation. Moreover included in this category of defectives who must be “ascertained” by the local authority are “persons already in prison or undergoing detention in a place of detention, or a reformatory or industrial school or a lunatic asylum,” and “pauper mothers of illegitimate children” whereas all these are cases which Local Authorities *cannot touch* unless they are requested to do so in the manner provided by Section 9, 16 and 30 (ii).

With regard to the Finance of the Act, the writer is evidently unaware that an Amending Act passed in 1919 repealed the provision by which a limit of £150,000 was put to the money which could be expended by Parliament thereon.

Voluntary Associations for Mental Welfare receive no mention in either of these volumes, although in Chapter XXII. of “Social Administration,” which deals with the “organisation of Social Service,” the “gradual drawing together of the work of voluntary organisations and that of the organised staffs of local authorities” is especially noted as a healthy sign of the times. Nor is there anywhere any mention of the emergence of Mental Hygiene as one of the newest factors in the problem of social service—a point which it is specially regrettable to find omitted in the chapter dealing with “The Delinquent.”

To the Mental Welfare worker, however, whether administrator, Secretary, or visitor who wants to gain a knowledge of the general machinery of our social administration and of the principles underlying it, we can confidently recommend both these volumes.

"MENTAL DEFICIENCY," 4th edition. By A. F. Tredgold, M.D., M.R.C.P., F.R.S. Ed Baillière, Tindall & Cox. 21s.

A book with the reputation of Dr. Tredgold's and whose third edition we reviewed in these columns as recently as October, 1920, needs from us no further recommendation. Its appearance, however, in a fourth edition is something of an event to those concerned with Mental Welfare work and we cannot let the occasion pass unnoticed.

A number of new illustrations, many of them supplied from Dr. Nicoll's and Dr. Brushfield's unique collection of photographs at the Fountain Mental Hospital, together with much new material, have been added to this edition and the size of the volume has increased by 39 pages. The chapters on Moral Deficiency, Criminal Aments, Clinical Examination, Mental Tests and Diagnosis have been entirely re-written whilst considerable additions have been made to the chapters on Psychology, Mentally Defective Children, and the Clinical Varieties of Primary and Secondary Amentia. There has also been a re-arrangement of some of the old material and the sequence of Chapters 16 and 17 (Moral Deficiency and "Vicious and Criminal Aments") has been reversed.

An addition to which we should particularly like to draw attention as we feel it to be of great practical value, is the inclusion, in the Chapter on "Moral Defectives," of the diagrams which Dr. Tredgold first showed at the University of London Post Graduate Course for Medical Officers in the spring of 1921. They are concerned with the normal evolution of mind and with its evolution when abnormal or incomplete and they give an indication of the meaning and the precise significance of mental abnormality so vivid that it can be grasped almost at a glance.

In his review of the Third Edition in this journal Dr. Turner referred to the large number of laymen to whom—as well as to medical men—this book is indispensable. May we, on behalf of the laymen concerned, make one humble suggestion, viz., that when the time comes for a Fifth Edition to be issued it shall contain a Glossary of the more technical medical terms for their special benefit?

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* To be reviewed in April number.

ASSOCIATION OF SECRETARIES TO LOCAL VOLUNTARY ASSOCIATIONS.

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-

The Association of Secretaries to Local Voluntary Associations was started two years ago and is establishing itself in a position of substantial usefulness. There are now 44 members and these are made up of paid secretaries to Associations, Hon. Secretaries and other workers in mental deficiency approved by the Executive Committee. There are three secretaries of county local organisations who have not yet decided to join the Association, but when they have done so the Association will be representative of all parts of the country where voluntary associations are established.

The accounts, at the end of the year, showed a balance of nearly £6. Arrangements have been made to use one page of STUDIES IN MENTAL INEFFICIENCY as an organ of the Association.

The Executive Committee of ten persons is geographically representative and a third of the members retire annually. Under this Rule Miss E. A. Darnell (with two others) retired recently, but was unanimously re-elected. She now desires to resign to make room for someone else. Members will shortly be asked for nominations to fill her place.

Members of the Association feel the need for a circulating library and after the last meeting of the Executive Committee asked the Central Association for Mental Welfare to provide one.

Earlier in the year the Association asked Miss Fox to establish an intelligence department for legislative and other matters affecting the work generally. This intelligence department has now been started and members have been already circularised with items of information more than once.

The Association also strongly supported Miss Fox's suggestion that the week's Course of Lectures for Secretaries which was held at Epsom last October should be arranged.

A scheme of training for secretaries taking up this work in local voluntary associations was drafted. This scheme, with some modification of detail has been accepted by the C.A.M.W. and will be established as soon as opportunity offers.

Although the Association has done a great deal of useful work its scope could be considerably developed were the membership to be increased. **WORKERS ARE WARMLY INVITED TO JOIN THE ASSOCIATION** and a copy of the constitution and other particulars will gladly be forwarded on application to the Hon. Secretary, Miss Neville, 79, Coleman Street, London, E.C.2.

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~~XLVIII~~ The Memory of the Feeble-Minded.

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By E. O. LEWIS M.A., D.Sc., M.R.C.S.

SOME modern writers on mental deficiency regard the feeble-minded as a class that has some one mental defect in common, varying in degree only. This simple conception is perhaps due to the tendency of late years to emphasise the quantitative aspect of mental deficiency and to neglect qualitative distinctions. But teachers, psychologists, and medical officers, who deal with the practical problems which the mentally defective present, are more impressed by the diversity than by the uniformity of mental types. When dealing with defectives *individually* it is, to say the least, as helpful to think in terms of mental types as in terms of mental quotients. Whilst it is generally conceded that the quantitative investigations of the intelligence of children have done much to ensure better and more uniform standards in the certification of the mentally defective, at the same time it is well to avoid the extreme of being tyrannised by decimal points, when dealing with the mentality of children.

Defective memory is more characteristic of certain types of the mentally defective than others. Thus epileptics, especially in cases in which the disease is progressive, present the features of retrogressive amnesia. After a fit, or series of fits, recent events are forgotten, and knowledge last acquired is lost first. Very often, there is loss of memory of all events within certain time limits. Then again, congenital paralytics are said to have poor memories. They do not forget recent events with the same completeness as epileptics. The paralysed child

often surprises us by recalling trivial incidents of the past; although he may be unable to repeat a simple task upon which he spent much time and effort quite recently and had apparently for a time thoroughly mastered. But notwithstanding their memory weakness, paralytics frequently acquire considerable proficiency with some special tasks. A congenital paralytic I saw recently whose general appearance is that of an imbecile, can read standard literary works intelligently. Another case whose guardians stated that he was unable to recall even most recent experiences, played draughts and chess fairly well. Instances of this kind are by no means uncommon; and they show the necessity of further observation in order that we may be able to state more precisely the memory defects of paralytic cases.

A detailed study of the memory defects of these and other clinical types of defectives would be most valuable. This paper, however, deals with some preliminary observations I made of the learning and memory processes of a group of feeble-minded children. The group consisted of various mental types, and data obtained from such a heterogeneous group should obviously be interpreted cautiously.

It may be of interest to state what induced me to collect these data. Mr. Burt in his extensive statistical and experimental studies* has demonstrated how much more retarded defectives are in educational subjects such as reading, writing, and arithmetic, than they appear to be when examined with mental tests. This fact was also brought home to me when I compared the performances of feeble-minded boys with formal laboratory tests (such as learning a handmaze blind-folded) and simple educational tests, with the performances of normal children. The disparity was much greater with the educational tests. Several recent researches indicate that the educational retardation of defectives is approximately twice their mental retardation. Why is this? Many reasons suggested themselves. One of these which seems well worth investigation is whether the mentally defective have exceptionally poor memories. The learning of a school subject such as reading is a cumulative process progressing in complexity; and success depends largely upon the pupil's ability to retain what he has learnt in the initial stages and to recall it as occasion requires.

Teachers of the feeble-minded frequently deplore the inability of the pupils to remember what has been learnt, and several writers straightway infer that the feeble-minded child is greatly handicapped from birth by defect of that physiological endowment called *retentiveness*. But it is well to bear in mind that memory is a complex process; and comprises at least the three processes of learning, retaining and recalling; and defective memory is by no means synonymous with defective retentiveness. The behaviour of defectives, in some respects, leads us to infer the very opposite, namely, that this mechanical factor of retentiveness, or *brute* memory, as it has been called, is unduly potent. Enslavement to a restricted group of habits is a characteristic of the mental life of most defectives. Some of the hall-marks of mental deficiency, namely perseveration in speech and automatism in action, are examples of the predominance of retentiveness. The inferiority of the feeble-minded is not due to failure to form certain habits, physi-

*The Distribution and Relations of Educational Abilities.' P.11.

cal and mental, but rather to inability to form a wide range of these habits. Another *a priori* consideration that seems to suggest that retentiveness may be a factor of secondary importance only in mental deficiency is that it does not correlate highly with general intelligence. Therefore, it seems that the part played by defective retentiveness in mental deficiency is still an open question; and in this paper the discussion will be limited to this special problem.

It will be helpful, before we proceed to discuss the data of the present investigation, to summarise briefly the conclusions of previous writers. The Chief Medical Officer of the Board of Education in his 1920 Report writes as follows: "Absence or impairment of memory power is the one quality which all mentally defectives hold in common, and with which all other psychological manifestations are related. A child who cannot remember has nothing to store—he has not the mental material to enable him contrast or compare, and thence to form a proper judgment whether in visual or abstract imagery. Consequently, his emotions fail in their proper setting, and his direction towards life, his volition, his action, language, and movements, suffer. He becomes in fact, incapable of managing his own affairs and for the basic reason that his memory power is imperfect." These remarks naturally carry weight because they express the views of experts who have spent many years in the study of the educational activities of defectives, and because they are probably based upon opinions obtained from teachers of special classes in all parts of the country.

Contrary to expectations, the number of experimental investigations of the memory of mentally defectives are relatively few and meagre. Galton* found that most imbeciles failed to repeat more than four digits: while several imbeciles who had remarkable memories for dates or passages in books showed equally remarkable failure (a span of only three) in immediate memory for digits. Johnson† concludes from his data that the degree to which the memory of feeble-minded children is inferior to that of normal children is not commensurate with the disparity in general intelligence. Norsworthy‡ compared normal and feeble-minded children as to their memory for related and unrelated words. Her results show that 5% of the feeble-minded do as well with the related-word and 6% do as well with the unrelated-word test, as 50% of the normal children do. Smedley§ found that incorrigibles, defectives, and truants, are inferior to normal pupils in memory power, and the disparity increases with age. Smith's tests|| with epileptics show that in the auditory letter-span test they are subnormal and that they make on an average three times as many errors of insertion. Burt in his volume on "Mental and Scholastic Tests" cites several interesting cases of specific memory defects, some of mechanical and rote memory, others of long—and short—distance memories.

*"Supplementary Notes on 'Prehension' in Idiots." *Mind*, 12. 79.

†"Contribution to the Psychology and Pedagogy of Feeble-Minded Children." *Pedag. Semin.*, 3.245.

‡"The Psychology of Mentally Deficient Children."

§"Report of Dept. of Child Study and Pedag. Investigations." (Chicago Public Schools) No. 3.

||"British Journal of Psychology." 1.240.

EXPERIMENTAL DATA AND CONCLUSIONS.

How is this basic factor of memory, *retentiveness*, to be tested? It was at one time thought that by choosing material devoid of meaning or any other rational associations, for example, nonsense syllables,—nog, vit, zeg, it was possible to measure retentiveness, pure and simple. Psychologists no longer adopt this view. In fact, the learning, retaining, and recalling of a list of nonsense syllables involve a complexity of mental processes not less, to say the least, than those where 'sense' material is used. Moreover, the marked failure of many of my defective subjects to learn a short list of twelve nonsense syllables showed the unsuitability of such material. Even after thirty or more repetitions distributed over several days many of them were unable to reproduce the twelve syllables correctly.

It was therefore decided to use tests that would at least interest the mentally defective boys and girls. The material of the tests in the first place had to be such that they could understand easily, and consequently were able to learn thoroughly. Much of the disappointment of teachers when they come to test their pupils is due to the fact that the subject matter had not really been mastered during the learning stage. In much of the immediate or short-distance memory work of children, and especially the mentally defective, there is a delusive proficiency. The fact that a pupil has reproduced a list of words correctly once is not sufficient proof that he has learnt the list thoroughly. In these tests complete learning was not assumed until the child reproduced the task correctly at least three times in succession without any help.

The data of this investigation were obtained by testing sixty feeble-minded boys and girls some of whom were at the Littleton House Residential School, Cambridge, and others at day special schools in Cambridge and London. Their ages varied between eight and sixteen; and their intelligence quotients (as assessed by Binet's 1911 Scale) varied between .55 and .75, with the exception of four cases whose I.Q.'s were higher. Twenty normal children who served as a control group had ages varying between eight and twelve. Their mental ages on the whole were higher than those of the defectives. It would have been better had it been arranged that the mental ages of the two groups were approximately the same.

1. *The Construction Test.*

In this test the subjects learnt to construct a simple model of an aeroplane. The material used were thirty sticks of various lengths; in fact there were only four sizes. The sticks could be interlocked by means of notches cut in the sides. Some of the sticks had one pair of notches, others two, three, and four pairs of notches respectively. The subjects copied a model placed before them; and as each subject was tested individually (and this was the case in all the tests here described) every help was given in the learning stage. The subject repeated the construction until it was obvious that he could construct the model without the slightest aid either by looking at the standard model or from the experimenter. After a month had elapsed, during which time the subject had no access to the material or to any model, he was asked to construct the aeroplane without receiving any warning that he would be retested. Thirty-five mentally defective children and twenty normal children performed this test. The method of recording the results which I adopted, was to count the number of errors in the completed model. This was no easy task; and in some cases, it must be admitted, the assessment was somewhat arbitrary. A model with more than twenty errors was regarded a failure. The data may be summarised as follows:—

	O.	Number of Errors.			Failures.
		1—5	6—10	11—20	
Defectives ..	.. 15	3	9	4	4
(Total 35).					
Normals. ..	.. 11	2	4	2	1
(Total 20).					

2. *Association Test.*

The task set in this test was to learn twelve arbitrary associations of letters and pictures; thus the letter B printed on one card was presented simultaneously with the picture of a monkey

The conditions and general methods of conducting these tests also were very different from those that are possible when a teacher has a class of fifteen to twenty pupils. Each child was taught individually; and therefore it was possible to give a measure of help that would be out of the question in class teaching. Special effort was made to ensure that each defective was interested in the tests. Each of the tasks set was well within the comprehension of the defective and meant something to him. It is scarcely necessary to say that results obtained under such ideal conditions are not fair standards for judging the attainments of the mentally defectives taught under modern class conditions.

Again, the emphasis placed upon thorough learning in these tests had much to do with the results. It is only recently psychologists have investigated the subject of *over-learning* in memory work. In these tests the defectives seemed to profit more than the normal pupils at the over-learning stage. The normal child soon loses interest in simple tasks such as those given on this occasion, when he has repeated them correctly once; but most of the defectives seem to take an added interest in what they had mastered. The joy of achievement perhaps is one factor that accounts for the large part played by 'perseveration' in the mental life of defectives. My general observation of defectives suggests that over-learning is a subject that may prove of special interest to teachers of the mentally defective. A piece of knowledge or a group of actions, in order to become part of the permanent stock-in-trade of the mentally defective child, has to be assimilated with a thoroughness that we generally associate with the formation of a habit as contrasted with mere memorisation. This emphasis of the need for repetition in the learning processes of the mentally defective is not an endorsement of tedious mechanical grind. As already suggested the defective child finds much pleasure in these repetitions, although no doubt there is a limit beyond which they become tedious (and therefore unprofitable) even to him.

These particular features of the tests must be borne in mind when attempting to interpret and to apply the results obtained. Nevertheless, it is a fact of no little interest that the group of defectives made comparatively good records in the short-distance memory tests. It is true that in addition to retentiveness there were several other factors that helped to determine the records. But the answer these few data gives to the simple practical question "Do the mentally defective remember what they learn?" is that with simple short-span tests, they compare favourably with normal children during the earlier stages of the forgetting process. The fact has been appreciated long ago by those who are experienced with the mentally defective. The superintendents of colonies for the mentally defective soon realised that the defective often shows special ability in performing a few well-defined occupations, but that he shows very little versatility. It is doubtful however whether educationists and teachers have made the most of the comparatively efficient short-span and short-distance memories of the mentally defective. Would it not be better to fractionise the curricula of the special school into a number of short well-defined tasks and occupations than to attempt to repeat even on a small scale the curriculum of the ordinary elementary school?

What about the remote or long-distance memories of the mentally defective? My data are far too meagre to enable me to make any dogmatic conclusions as to the rate of forgetting; but they suggest one or two interesting points. Ebbinghaus who used nonsense syllables mostly in his tests with adults, formulated a law that the rate of forgetting is proportional to the logarithm of the time that has elapsed. Thus, according to this law much more is forgotten proportionately during the initial than the later stages. Subsequent investigations have proved that Ebbinghaus's law, even when regarded as a very rough approximation, exaggerates considerably the rate of forgetting in the initial stages; and the data given in the above tables also suggest this to be the case. The point of special interest, however, is that the records of the mentally defective subjects depart from the law stated by Ebbinghaus to a much greater extent than even those of the normal subjects. The tables indicate that whereas the defectives compare favourably with normals in short-distance memories they are distinctly inferior in long-distance memories.

My attention was first drawn to this feature by a decided contrast between two successive records of one of my subjects in recalling a story I had told him. His records at the end of the first, second, and fourth weeks had been fairly creditable. When tested at the end of the second

month I could not make my subject understand what story he was required to recall. I then asked him a number of questions which should have suggested various items of the story; but his failure convinced me that he had completely forgotten it.

This marked poverty of the remote memories of the mentally defective has also been brought home to me when I have met some of my defective acquaintances after a year or more has elapsed. Several of them had spent much time with me in performing various tests and in the more pleasant pastimes of games (I hasten to add this last phrase to forestall any uncomplimentary interpretations some of my Freudian friends may suggest). The intervening time produced much greater changes in their external appearance than in mine; but whereas I recognised them immediately, it has been with the greatest difficulty they have been able to recall me; and in more than one case, the defective has obviously forgotten me completely.

It is regrettable that circumstances prevented me re-testing all the subjects who performed the construction test (which is the most interesting of the three tests cited in this paper), so as to give the data necessary to complete table 1. I was able, however, to retest twenty-four of my defective subjects and eighteen of the control group of normal children after a period of about three months had elapsed from the time the test had been learnt. Only five of defectives reproduced the model correctly, three others made 1-10 errors, four made 10-20 errors, and the remaining twelve failed badly. In the control group, eight reproduced it correctly, seven made 1-10 errors, two made 10-20 errors and only one failed completely. Therefore in this test also the defectives compare very badly with the normal children in remote memory work.

One characteristic feature of the reproductions of most of the defectives in these tests should be mentioned in this context. When the defective reproduced correctly, it was done without much hesitation or faltering; and in a case where only a portion was remembered this was recalled fairly readily, and no matter how much time and encouragement he was given he did not improve much upon his initial effort. The reproductions of the normal children were frequently very different from this. Often they would make a most unpromising start, but given sufficient time their final results would be creditably if not absolutely correct. The difference was not merely one of perseverance. The reproductions of the defective showed more of the mechanical precision of habit, whereas in those of the normal subject, rational associations played a most important part. The responses of defectives in these tests reminded me of behaviour that conformed to the all-or-none principle.

This characteristic difference between normal and defective pupils suggests one explanation why the latter group were so inferior in long-distance memory work. The ability of the normal person to reconstruct or recall the events of the distant past is largely due to the fact that the contents of his mind are systematically organised by means of the many-sided associations. It has been proved experimentally the more remote the memory recalled the greater is the relative importance of the associations compared with the mere physiological persistency of impressions,—that is retentiveness. The mentally defective show marked inferiority in ability to form rich and potent mental associations in all learning processes. *The conclusion these facts indicate is that the memory work of defectives is so inferior to that of normal persons primarily because of its poverty of rational associations; whereas subnormal native retentiveness is a factor of secondary importance only.* It is by following this line of thought we are most likely to discover the real cause of the failure of the mentally defective with tasks of progressive difficulty such as learning to read.

Some of the individual records in this investigation were of special interest. One boy whose mental defect was largely temperamental, had a verbal memory quite superior to the majority of the normal children. He memorised the thirty-three word stanza after only three repetitions: and reproduced the twelve associa-

tions of pictures and letters correctly after two repetitions only. His long-distance memory with these two tests was also distinctly good. With the construction test his records were below the average. In six other cases there was marked disparity between their learning and retaining records; that is, they were exceptions to the general rule that quickest learners remember longest. It was something more than a coincidence that three of these cases were cerebral diplegies, two were hemiplegies, and one was a typical case of congenital syphilis. All six cases had creditable learning records with these tests, but when they were tested a week later they failed badly. Therefore, these cases are exceptions to the majority of the defectives tested, as their defective memory seems to be primarily due to subnormal retentiveness. Cases like these frequently give rise to much difference of opinion. The psychologist or medical officer, if he bases his judgment chiefly upon the responses this type of defective gives to mental tests, is likely to adopt too optimistic a view of the progress that the defective is likely to make. The teacher, on the other hand, soon finds that these defectives make very little progress with school subjects. Congenital paralytic and syphilitic cases are two classes of defectives in which intelligence quotients are apt to be misleading.

XIII
21 Mental Defectives Under the Poor Law*: How the Problem is Dealt with at Ipswich by Co-operation with other Bodies.

BY M. JEFFERIES.

(Chairman of the Ipswich Board of Guardians).

THE proper care of the mentally deficient who become chargeable to the rates is one of the most difficult problems with which Guardians are faced.

In the old days very little was done for them. The imbeciles, if not too troublesome, were left in the ordinary Workhouse or Infirmary Wards where they were often a great source of annoyance to the old people and where they sometimes met with a good deal of unkindness from the rougher inmates. The higher grade feeble minded girls, too weak to succeed in the battle of life, were allowed to drift into the Workhouse and to mix with the very worst women there; and as a result they often left the Workhouse to lead an immoral life, returning again and again to give birth to illegitimate, weak minded children.

When the Act of 1913 was passed, it was hoped that the Guardians would, in a great measure, be relieved of the care of the mentally deficient; but owing to the need of economy due to post war conditions, and the consequent shortage of Special Institutions, a great many defectives still remain under the direct care of the Guardians; and it is obvious that for a considerable period Workhouses will have to be used as places of detention under the Act. This state of affairs is much to be regretted, as even under the most favourable circumstances Workhouses are not the right places for the majority of mental defectives. Conditions which are suitable for the aged and infirm, whose physical and mental powers are on the wane and who chiefly require peace and comfort, may be deadening to mental defectives who need the stimulus of constant change and interesting occupation. The Nurses in the ordinary Poor Law Infirmary have neither the time nor training to teach the lower grade mentally deficient how to develop such powers of mind as they have, and therefore the defectives tend to grow dull and apathetic. The high grade feeble minded girls realise that the other inmates are able to take their discharge at will and they bitterly resent the fact that they themselves are detained. As a result they are much more troublesome than they would be in an Institution where all the inmates were certified. The discipline and peace of the Workhouse in consequence suffers, and the Officials are inclined to blame the defectives and to forget the fact that the defectives are deprived of their freedom through their mental infirmity and through no fault of their own, and therefore it is the duty of the State to make their lives in the Institution as happy as possible. In a few Workhouses the mental defectives have special classes and are taught

* For a lucid account of the legal position, see "The Poor Law Officers' Journal," Feb. 2nd, 9th and 16th, 1928.—ED.

various handicrafts, but, although such a course has proved to be very beneficial, most Boards of Guardians are reluctant to incur the expense of having a whole-time trained teacher, and it is almost impossible to obtain a lady with the required qualifications who is able and willing to be a part time worker.

The Ipswich Board of Guardians have surmounted this difficulty by co-operation with the Voluntary Association of Mental Welfare. Each pays half the salary of a trained teacher who works under the Voluntary Association in the Occupation Centre for imbecile children in the mornings, and who takes the mentally deficient in the Workhouse for two hours every afternoon. She gives two afternoons a week to the cases in the Women's Infirmery, two afternoons to the women in the body of the House and one afternoon to the mentally deficient male patients.

The defectives in the Infirmery are of so low a mentality that it is difficult to teach them much in the few hours at the teacher's disposal, and most of the time of the class is occupied in recreation; music, dancing and singing. The defectives in the body of the House spend part of their two hours in recreation, but they devote the rest of the time to learning raffia work, mat making, basket work, leather work, embroidery, knitting, crochet, etc., etc. During their spare time in the week they finish the work which they began at the Class and they turn out very pretty, saleable articles. These are sold at a special Stall at the Brabazon Sales, and the proceeds of the sale more than cover the cost of the material.

The defectives go for a weekly walk outside the Workhouse grounds; at Christmas each is given a present and in summer those, who are well enough, are taken for an outing into the country or to the seaside.

The Classes have brought a great deal of interest and pleasure into the lives of the defectives; the teacher usually gives them work to do which appeals to their sense of beauty and they are very proud of the articles they make.

In the future it might be possible to extend a good deal further on these lines. A whole time teacher could be beneficially employed, and it would be advantageous if the defectives could have special wards and attendants. Undoubtedly, however, the ideal is that all defectives needing institutional care, excepting only the most infirm, should be removed from Workhouses and placed in special Institutions for the Mentally Deficient.

Besides sharing with the Voluntary Association the services of the teacher for the defectives, the Ipswich Board of Guardians co-operates in various other ways with that Association and also with the Statutory Committee and with the Education Committee; and this co-operation facilitates the work of all the bodies concerned.

The Workhouse Officials report to the Secretary of the Voluntary Association any inmate who appears to them to be certifiable. The Secretary interviews the alleged defective, makes enquiries into his or her history from relatives, and past employers and teachers, and submits the report to the Workhouse Committee, who are then in a position to decide whether or not to refer the case to their Medical Officer for examination. It is a distinct advantage to the rate-payers for all mentally deficient persons to be transferred to the Statutory Committee as then half the cost of their maintenance can be recovered from Treasury funds.

Moreover, in adopting such cases for certification, the Statutory Committee can remove the defective from the Workhouse to some more suitable place: such a course is desirable when dealing with young people who are likely to benefit by the training which they would receive in a special Institution for the Mentally Defective.

If the Secretary of the Voluntary Association knows that any person, whom she believes to be mentally defective, has entered the Workhouse, she reports the matter to the Guardians' Officials, who are usually able to persuade the alleged defective to remain in the Workhouse until the necessary enquiries and arrangements have been made. If the inmate in question is found to be a settlement case, who has to be removed to another Union, the Secretary of the Voluntary Association is informed as soon as the transfer has taken place in order that she may notify the case to the Voluntary Association of the District to which the alleged defective has been taken. This procedure is advisable as it may prevent some very defective persons from discharging themselves from the Workhouse almost immediately upon their admission and subsequently getting into serious trouble.

Regulation 238 of the Act states that the Superintendent of a Certified Institution with the consent of a Commissioner or two of the Members of the Committee may grant leave of absence to any patient detained in the Institution. When the Regulations were made, it was probably assumed that the Superintendent of a Certified Institution would be a Medical man or a person with special knowledge of mental deficiency and that the Members of the Committee would be persons selected because of their interest in the welfare of defectives. At the present time many Workhouses have been certified for the reception of defectives under the Act; the Master of a Workhouse and the Members of the Committee may be persons whose knowledge of mental deficiency is limited; yet according to the Regulations, the Master of a Workhouse and any two of the Workhouse Committee are empowered to give leave of absence for an indefinite period to a patient without consultation with the Statutory Committee, although that Committee, having had the whole facts of the case placed before them and having obtained the opinion of two qualified medical men, have deemed it necessary for the defective to be detained in an Institution. The difficulties that may arise through this Regulation must be apparent to everyone; and they are the more likely to occur because many defectives improve greatly both in conduct and appearance whilst under Institution care, but go back mentally and physically if they leave. People, who have not witnessed this deterioration and who are not conversant with the appalling difficulties into which defectives are apt to get when they are not under proper care, very naturally underestimate the dangers of allowing high grade defectives to leave an Institution. It therefore appears desirable that the Regulation should be so amended as to ensure that leave of absence exceeding 48 hours should only be granted to certified patients in Workhouses with the approval of the Medical Officer and with the concurrence of the Statutory Committee.

Since persons of low mentality are more likely than persons of average intellect to require indoor relief for themselves and their children, it is extremely probable that a considerable proportion of the children under the Guardians' care will prove to be dull and backward or feeble minded.

The Superintendent of the Ipswich Poor Law Children's Home calls the attention of the Secretary of the Voluntary Association to any child whose mentality appears to be subnormal in order that she may arrange for the child to be interviewed by the School Medical Officer for the purpose of classification of his or her mental condition. The records made by the Medical Officer not only serve as a guide to the Guardians in their present dealings with the children, but will be of great use if, in the future, the case of any of these subnormal children comes before the Statutory Committee for consideration, as it will obviate the difficulty, which is now often experienced, of proving that the defect existed from an early age.

Most School Doctors in the course of their work come across difficult cases of mentally unbalanced children in which it is hard to decide whether the abnormality is due to real mental defect or to unsatisfactory home surroundings. The Ipswich Guardians have admitted several such children into their Poor Law Home for observation at the request of the School Doctor although the parents of the children were not destitute in the ordinary meaning of the word.

This same useful co-operation is also shown by the Ipswich Guardians and the Statutory Committee with regard to defectives who are not in need of Institution care. If a defective, who is under Statutory Supervision, requires help owing to the temporary unemployment of his or her parents, the Guardians give assistance during the time of stress, and the defective comes again under Statutory supervision when the need for relief has passed; thus the necessity of placing the defective under permanent guardianship under the Act is obviated. On the other hand, if it appears that a defective, who is having out-relief, can be dealt with better by the Local Authority than by the Guardians, the Statutory Committee accept the case without making any difficulty.

The Guardians avail themselves of the help of the Voluntary Association in dealing with defective persons who are receiving out-relief; a list of the names of all such persons is given by the Relieving Officer to the Secretary of the Voluntary Association who visits the cases regularly and sends quarterly reports to the Out-Relief Committee, and any suggestion made by her for the welfare of any of the defectives is usually carried out.

Since many defective persons need at various times in their lives assistance from the Education Committee, the Board of Guardians, and the Statutory Committee, it is imperative that all these bodies should work harmoniously together in the carrying out of their duties. This is done with considerable success in Ipswich and is in no small measure due to the tact and efficiency of the successive Secretaries of the Ipswich Voluntary Association, who have in many ways acted as a link between the three public bodies.

News and Notes.

Organiser for Occupation Centres.

The C.A.M.W. has recently added to its staff an Organiser for Occupation Centres, who is a trained and certificated teacher and has also had wide experience of teaching low-grade defectives. Miss Wingate's chief function will be to help in the preliminary organisation of Centres and to train local Supervisors to carry on after she leaves, and applications for her assistance are invited from any area where it is felt there is an opening for a Centre.

The Association is also offering her services to Institutions certified under Section 37 of the Mental Deficiency Act, where there are children and young adults for whom it is desired to organise occupation.

New Occupation Centres are now springing up all over the country, and we propose in our next number to give a review of the present position indicating any developments of particular interest and appending an up-to-date list of the Centres in existence.

A Film Picture of the Training of Defectives.

The Council of the C.A.M.W. are arranging for the preparation of a film showing modern methods of training mentally defective children as it is felt that a graphic representation of what is being done in this direction will be of great value in arousing interest in Mental Welfare work.

The film is intended for use at meetings arranged by Voluntary Associations or other societies interested in work for defectives, and applications for it are invited, when full particulars as to terms and conditions will be supplied.

The total cost of the undertaking will be approximately £140 of which nearly £110 has been subscribed. Further contributions to cover the balance still outstanding are urgently needed, and will be gratefully acknowledged if sent to Miss Evelyn Fox, 24, Buckingham Palace Road, S.W.1.

Short Course for Teachers of Mentally Defective Children.

A Short Course for teachers of mentally defective children, on the lines of those held in previous years, is being organised by the Board of Education in co-operation with the C.A.M.W., in July (7th to 28th.)

The Course will be held in Birmingham where hostel accommodation has been secured at an inclusive cost of £6 10s. per student for the three weeks.

"Selected" students will be entitled to receive from the Board of Education a maintenance grant of £1 a week, and third class return railway fare. The number of such students is limited to 40, but it may be found possible to admit a few additional private students, who are prepared to pay their own expenses.

Enquiries for further information and for copies of the Syllabus of the Course when published, should be addressed to Miss Evelyn Fox, 24, Buckingham Palace Road, S.W.1.

Course in Mental Deficiency for Medical Practitioners.

This Course, arranged by the University of London Extension Board in co-operation with the C.A.M.W., as announced in our last issue, will be held from Monday, May 28th, to Saturday, June 2nd, 1923.

Lectures will be given by Dr. A. F. Tredgold, Dr. F. C. Shrubbsall, Mr. Cyril Burt, and Dr. Norwood East, and clinical work consisting of visits to L.C.C. and other Special Schools during Rota and Admission Examinations and to Residential Institutions in or near London, in addition to demonstrations by well-known experts, will be arranged for each student.

The total fee for the Course is £3 3s. and applications should be sent to Miss Evelyn Fox, c/o University Extension Department, University of London, South Kensington, S.W.7, not later than May 7th, 1923.

The Board of Control and the Mental Hospitals Enquiry.

A Circular was issued on February 9th, by the Board of Control to the Visiting Committees of Mental Hospitals to which we should like to draw attention.

The Circular refers to the Report of the Committee on the Administration of Public Mental Hospitals* which was appointed last year to enquire into the statements made by Dr. Lomax in his book "Experiences of an Asylum Medical Officer," and it has been issued in order to draw attention to certain recommendations made by that Committee.

Amongst the recommendations which the Board not only approve, but which they consider might be adopted without the incurring of heavy additional expenditure, are those concerned with the following matters:—Classification of patients (account should be taken of home conditions): qualifications of Medical Superintendent and establishment of an Advisory Committee for consultation when making appointments; increase in number of assistant Medical Officers, and increased facilities for study leave: appointment of visiting specialists: systematic provision for employment and occupation of patients: strengthening of After-Care organisation: co-ordination of research work and more extensive use of modern methods of treatment and diagnosis: co-option of additional members on Visiting Committees, and establishment of small unofficial Committees specially for visiting: provision of facilities for early treatment without certification. (This last recommendation as well as that concerning co-option is, the Circular states, being incorporated in the proposed Mental Treatment Bill.)

With the Committee's recommendations as to the size of Mental Hospitals, the qualifications and duties of the nursing staff, and greater variety in the diet of patients, the Board state that they are in agreement, but that their carrying into effect is largely dependent on financial considerations.

For a full list of the Committee's recommendations, on which this Circular is based, we must refer our readers to the Report itself.*

British Medical Association. Discussion on "Mental Deficiency."

We are asked to announce that the Section of Medical Sociology of the British Medical Association will discuss the subject of "Mental Deficiency in its Social

*Report of Committee on Mental Hospitals appointed by Ministry of Health. Cmd. 1730. H.M. Stationery Office, 2/-.

Aspects," under the Chairmanship of Dr. H. B. Brackenbury (who is Chairman of the Education Committee of the C.A.M.W.) at the Association's Annual Meeting at Portsmouth on July 27th, 1923.

It is hoped that medical experts from the United States will be present and will place at the disposal of the meeting facts based on their own experience and research.

The meeting will be open *by invitation* to members of the laity who are interested in the subject, and readers of this journal who would like to be present are asked to send their names as soon as possible to Arnold Lyndon, Esq., M.D., Grayshott, Hindhead, Surrey, or to Miss Evelyn Fox.

Summer School in Psychology.

A Summer School in Psychology under the Directorship of Professor Pear, Professor of Psychology, Manchester University, will again be held at Brighton this year. The School will be open from July 30th to August 11th, inclusive, and the subjects dealt with will include General, Social and Experimental Psychology, with Mental Measurements, and History of Education. Hostel accommodation will be provided at a fee of £5 15s. 6d. inclusive, whilst the School Fee will be £3 3s.

It is possible that, in the event of there being a sufficient number of students specially interested in problems connected with Mental Deficiency, a course of lectures may be arranged dealing specifically with this subject.

Enquiries and applications for admission should be sent to A. Lea Perkins, Esq., 12, Harrington Road, Preston Park, Brighton.

Book Reviews.

MENTAL DISEASES. A Public Health Problem by James V. May, M.D., with a preface by Thomas W. Salmon, M.D., Boston. Richard G. Badger, 1922. Demy 8vo., pp. 544. Price \$5.00.

One concluded the reading of this book with a feeling of regret that none of our standard British works on psychiatry and allied subjects have been written from the point of view of mental hygiene in its widest application. We say mental hygiene although Dr. May names his treatise "Mental Diseases: A Public Health Problem" yet, strictly speaking, it is the mental aspect of public health he deals with.

Mental hygiene is a big subject and enters into all problems affecting communal life. Thus physicians, judges and magistrates, social and philanthropic workers, legislators and municipal governors, ministers of religion, educationalists, political economists, leaders of labour, and others in the course of their ordinary professional, social, and political activities have either to deal with the insane or with problems involving mental efficiency and inefficiency. A knowledge of the aetiology and forms of mental disorders, methods of care and treatment, the prevalence of insanity and mental deficiency and their effect on the social cosmos is vital to a clear and practical understanding of these problems and this Dr. May attempts to convey in the book before us.

It is thus no ordinary text-book of insanity written for the instruction and guidance of practitioners and students. It is at once an education and an appeal, a historical retrospect and a vivid presentation of the present position. He designs to speak to a large and increasing audience on a subject the importance of which is becoming more and more recognised by the public generally.

The appearance of Dr. May's book is opportune, and though it will be most appreciated by American readers, the greater part of it is

of general psychiatric interest. Although we can bear comparison with America in the domain of psychology and psychological medicine, we have more to learn from that country in the matter of organised welfare and other social work which has been taken up there more seriously. The movement in this country is virile and the workers enthusiastic but it is still capable of much expansion in many directions.

It is not our purpose, neither is there space for it, to write a critical digest of Dr. May's book; we must content ourselves with a description of the ground it covers. Part I. is devoted to General Considerations, and Part II. to the Psychoses. Part I. will be of most interest to welfare workers. The opening chapter is on the "Social and Economic Importance of Mental Diseases." Arguments and statistics are adduced to show that "The intimate relation between mental disease, alcohol, ignorance, poverty, prostitution, criminality, mental defect, etc., suggests social and economic problems of far reaching importance, each one meriting separate and special consideration." Much depends upon psychiatry for the solution. The next two chapters treat of the "Evolution of the Modern Mental Hospital" and the "Organization and Functions of State Hospitals." There will be general agreement with the statement that their field of influence extends far beyond the hospital walls. Out-patient work, aftercare, social research are matters now recognised to be matters of vital importance. After a largely medical chapter on the "Hospital Treatment of Mental Disease," Dr. May sketches the "Development of the Psychopathic Hospital." America founded its first "Maudsley" at Boston in 1912. If fate had not willed otherwise the institution just inaugurated at Denmark Hill might have opened the same day. An inspiring chapter on "The Mental Hygiene Movement" follows.

Although each chapter of Part I. is in itself a finished essay yet there is a certain continuity

of subject-matter and interest, and a development along historical lines which enables one to readily follow the author. Thus successive chapters on "Actiology of Mental Diseases," "Immigration and Mental Diseases," "Mental Diseases and Criminal Responsibility," "The Psychiatry of the War," "Endocrinology," naturally lead to a dissertation on "The Modern Progress of Psychiatry." Part I. concludes with "The Classification of Mental Diseases."

In Part II. the main psychoses are presented chiefly historically and descriptively. American statistics are freely quoted and none of these chapters will be found difficult by lay readers; while practitioners and students will find there facts of great interest which would otherwise need searching for, far and wide.

In conclusion Dr. May is to be congratulated upon a most readable and informative book which can be wholeheartedly commended.

J. R. LORD.

1. LA MÉTHODE DECROLY. By Mlle. Amelie Hamaïde, collaboratrice du Dr. Decroly à Bruxelles. 6 frs. suisses.
2. L'ÉDUCATION DES ENFANTS ANORMAUX (2nd edition). By Mlle. Alice Descocudres. 4.75 frs. suisses.
3. LE DÉVELOPPEMENT DE L'ENFANT DE 2 à 7 ANS. By Alice Descocudres. 7.50 frs. suisses.

These three French Books of special interest to those concerned with education, particularly that of the subnormal child, are published by Delachaux and Niestlé, Neuchatel.

The first by an ardent admirer of Decroly suffers somewhat from a lack of perspective. The method cannot claim to any great originality, though in many ways it makes new uses of old precepts such as the Herbartian, observation, association and expression, while correlation is regarded as a new principle.

The method should ensure intelligent, active children if properly used under perfect conditions, but, unlike some excellent modern

methods, teachers must use the whole, and not adaptations. There are a good many little suggestive ideas and it seems an excellent plan for the author to describe the method, then to give an example of the working.

The training of the defective child, so long neglected by writers, has of recent years become a more popular subject. The work of Mlle. Descocudres shows a surprising ignorance of the writings of English and American educators (or even of Phillipe et Boncours whose useful little book bears an annoyingly similar title) but thorough acquaintance with both literature and education of France, Belgium and Germany.

This book covers a wide field of things pertaining to Special Schools, training and after-care, but it is particularly on account of the ideas for apparatus work and games that the book will be valued. It is full of practical suggestions for gaining and keeping the attention of the slow-witted as well as the scatter-brain. It shows teachers how to present clear associations by means of active repetitions.

The games are delightful, but they vary considerably in difficulty, and the examples cited show wide differences in capacity. This is certainly a book which should be in every Special School, and it is to be hoped that an English translation may be forthcoming.

The observation of little children has a real bearing on the education of those whose bodies are bigger though their minds are young. Mlle. Descocudres has brought skilled observation to this work, but one cannot help feeling that she has propounded her theories and then sought evidence to prove them. Two points strike our British minds. Are the poorer children innately more generous than the richer ones? This would require far wider proofs than those that the writer gives. Tests carried out during the chance meeting with a strange child in the park may be extremely interesting, but not conclusive evidence.

This is a delightful book and thoroughly interesting in its freshness.

M.F.B.

THE PROBLEM OF POPULATION. By Harold Cox, Editor of the "Edinburgh Review." 198 pp. Jonathan Cape. London. 6s. net.

Mr. Harold Cox has given us in this work an extraordinarily clear, concise, and convincing argument as to the controversies under discussion to-day relating to the problem of population. It is a book which is especially timely and which demands the serious consideration of all those responsible for or interested in social welfare. The book is in the main devoted to the discussion of the economic problems arising from the inevitable problem of population, which is itself succinctly stated and supported by overwhelming arithmetical argument. There is no escape from the arithmetical necessity that the rate of growth of any population must be reduced as the volume of that population increases, and if we are to achieve this end we are faced with a Scylla and Charybdis, a choice between an increase of the death-rate or a decrease of the birth-rate. We are shown that the overgrowth of population is the most persistent cause of war and that in any large population a low birth-rate is a necessary condition of racial progress.

The only way out of the dilemma is found to lie in a wholesale adoption of the practice of birth control and a widespread dissemination amongst the masses of the knowledge relating to contraceptive measures, for "the only practicable method of getting rid of the evil of slum life . . . is to persuade the slum dwellers to refrain from continually refilling the slums." It is further held that all defectives must be eliminated and that steps must be taken to prevent them from reproducing their kind, for which purpose sterilisa-

tion is strongly advocated. The author however does not give us any reason to believe that he sufficiently realises the practical difficulties involved in the application of sterilisation to mental defectives, and it is on this point that must join issue with him. As he himself recognises, "in the case of persons so mentally deficient that they could not even give consent to the operation, the question does not arise, for in any case it would probably be necessary to keep these persons under permanent restraint." We would point out also that even in the case of mental defectives who would be able to give assent there is a large group for whom permanent restraint would still be necessary on account of their social failings and anti-social propensities, and that amongst the remainder the difficulties which would arise in the actual diagnosis and selection of cases—difficulties which in the opinion of the experts in mental deficiency cannot be lightly brushed aside—raise very considerably doubts as to whether the sterilisation of mental defectives is a practical proposition. Moreover the author does not point out the important fact that not only are there some cases of mental defect which are not transmissible but that the majority of cases of mental defect are the children of parents, who, though being "carriers" of the defect are to all outward appearances perfectly normal, and if we are to produce any appreciable results we should have to deal with the "carriers" and apply sterilisation to about 10% of the population.

We are grateful for the last chapter on the ethics of birth control, in which the basis of the creed which condemns the deliberate limitation of births is fearlessly examined and shown to be full of inconsistencies.

E. PRIDEAUX.

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- HANDBOOK FOR MENTAL NURSES. 7th edition greatly enlarged. Bailliere, Tindall & Cox. 6/- net.
- *To be reviewed in July number.*

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ASSOCIATION OF SECRETARIES TO LOCAL VOLUNTARY ASSOCIATIONS.

AND OTHER WORKERS IN MENTAL DEFICIENCY.

Subscription:—5s. annually.

Chairman:—MISS E. J. BLAKE.

Hon. Secretary and Treasurer:—MISS C. A. NEVILLE.

The Objects of the Association are:—

1. To further the interests and increase the efficiency of salaried and other workers for the mentally defective.
 2. To provide facilities for the interchange of ideas and experience of the practical worker.
 3. To co-operate with the C.A.M.W. and other agencies in influencing public opinion and in promoting the well-being of mentally defective and sub-normal and unstable persons.
-

A valuable new member of the Association has been enrolled during the last three months—Miss S. M. James—who is a worker for defectives of very many years standing. She is Superintendent of the Liverpool Special Schools and is this year the President of the National Special Schools Union.

Miss Hettie Jeffries, a member of the Association, resigned her post last year as Organiser of Training Centres in Somerset, and has recently returned from a six months' tour in the United States, where she has seen a good deal of teaching and training of defectives. It is hoped that an opportunity will soon be forthcoming for Miss Jeffries to give us the benefit of her observations on the work she has seen done in the States.

In reply to a questionnaire an unusually large number of subjects for discussion have been sent forward by members and the Executive Committee will decide the best method of dealing with them and securing the views and experience of all parties.

A suggestion is made that when difficulties are experienced in dealing with cases, advice should be asked from neighbouring Voluntary Associations, so that Secretaries would not only get the help required, but would also obtain a fuller knowledge of each other's work.

How can After-Care be made effective? is asked by one member. The policy governing the granting of leave of absence of defectives under Order or Certificates is a question of some importance, and it seems that the conditions vary very widely in different areas. This subject will be further considered at the next meeting.

One Secretary of a Voluntary Association desires information as to the actual work which goes on in a training centre, and another proposes that a Short Course of Occupation Centre training for Secretaries should be organised. Later on it would probably be feasible to collect time tables and brief descriptions of the drill, games and occupations which are taken at Centres for the benefit of those who are unable to go round and visit in other areas and see for themselves.

Some sort of Study Circle for members on some subject or subjects bearing on mental welfare work is also suggested as helpful.

In one area it is said that the Local Education Authority, who can deal with only a small number of the children recommended for Special Schools, picks the least defective and youngest, so as to give them a better chance of education. The Statutory Committee takes, of course, only the low grade cases. Is the policy of such a local education authority right? If so, what can be done with middle cases who, while they can never be scholars, can be trained into good personal habits to occupy themselves and probably to become less of a danger and a nuisance to the community.

Feeble-minded children between 14 and 16 years of age present a serious problem to one Voluntary Association Secretary, as indeed they will in all areas not supplied with Special Schools.

One of the most pressing questions to be decided is how our page in *Studies in Mental Inefficiency* may be made most effective and helpful. Members are asked most earnestly to give this matter their serious thought and to send their views and practical suggestions. Their observations also on all subjects mentioned above will be most valuable to the Executive Committee.

STUDIES in MENTAL INEFFICIENCY

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Some Aspects of the Epileptic Problem.

12 BY J. TYLOR FOX, M.A., M.D., D.P.M.

Medical Superintendent, Lingfield Epileptic Colony.

THE mental range of the epileptic is from the genius to the idiot. He is found a normal person among his fellows in the workaday world: we may easily discover him among the neurotics and psycho-neurotics, and the insanity which detains about 6,000 epileptics in mental hospitals in our country may take the form of almost any of the recognised psychoses. Whether we are essaying a classification from the point of view of social fitness, of emotional defect, or of intelligence, we shall find epileptics in every class or grade. This widespread deviation from anything like a mental type cannot be too clearly recognised if we are to avoid mistaken generalizations about epileptics. The connection of epilepsy with crime and delinquency has become so widely known, that almost every day we may read in our papers of criminals who claim epileptic irresponsibility in their defence: less recognised is the fact that many epileptics hold positions of great responsibility in the business and professional world, and are honoured and respected in their day and generation. We are told that more than half of the lowest grade of primary ailments are liable to fits (Tredgold); but we must also remember the formidable list, to be found in every text book on epilepsy, of the world's great men who are believed to have been epileptic.

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By reason of these facts it is clear that the epileptic problem is not likely to be a very simple one. Partly perhaps for the same reasons, the disease is one that up to the present has not yielded any rich and easily garnered harvests to the investigator. The neurologists, stimulated by Hughlings Jackson's work on convulsions of organic origin, have endeavoured in vain to discover a corresponding anatomical basis for the idiopathic disease, or to claim much success for any new form of its medical or surgical treatment. Psycho-analysts have found epileptics as a whole, not readily accessible, and even in cases favourable in this respect the results of analysis have been generally disappointing.

Recent work on epilepsy has, however, served to define more clearly what is usually referred to as the epileptic temperament. Pierce Clark and others have not only described the chief features of this temperament, but have laid down for us a new view of the relation between it and the convulsive attacks. The epileptic is born an egocentric, and an egocentric whose difficulties are made the greater by hypersensitiveness. The social handicaps of such a temperament are obvious: as the individual grows out of his mother's arms and his nursery into an ever-widening circle of people and things, his inability to adapt himself becomes more and more obvious, and he becomes a social misfit. His mental life is fraught with constantly increasing stress, and the periodic losses of consciousness characteristic of the disease are supposed to be in the nature of protective reactions away from an environment that has become intolerable. The stress is avoided by the temporary obliteration of reality. According to this view, then, the fits are secondary to the mental make-up of the patient. This is usually referred to as a psychogenic theory of the origin of epilepsy, but it must be remembered that while social maladaptation and mental causes fill a large place in the picture, the bottom of the trouble is an abnormal make-up which is inherited, and therefore, presumably, physical: and to that extent the disease is in reality more physiogenic than psychogenic in origin.

Of the great importance of environmental stress in the determination of fits in one already liable to them, no-one who has lived much among epileptics can have any doubt. While the sun shines, while there are new interests about and pleasureable occupations, attacks are few: but when the patient is tired of his work (and he readily becomes so), when there is some worry or anxiety in his mind, when he is out of harmony with his environment, attacks are frequent. But we must not confound the determining causes of fits in a declared epileptic with the prime cause of the disease. The claim that the inherited temperament and the consequent social mal-adaptation cause the fits may contain truth, but I venture to think that it can be claimed with equal fairness that the fits themselves accentuate, if they do not in some cases actually cause, the egocentricity and hypersensitiveness that are the two basic features of the temperament, and that underlie the abnormal outlook and unsocial conduct of the epileptic.

Take the case of an epileptic boy in a poorer class family in one of our large towns. Let us suppose that he starts with a normal outlook, and let us see how his outlook on life, and in consequence his conduct, is likely to become modified by the periodic convulsive attacks to which he is liable. From his earliest years he will realize that he is in some way different from his brothers and sisters; he

will find that special care is being taken of him, that in his bath, by the fire, and on the staircase he is being watched in a way that the others are not. As he grows a little older, and begins to run about out-of-doors, his troubles increase. If his parents are careful he will find that his freedom out-of-doors is very much curtailed: perhaps he may only go for walks, holding his mother's or his big sister's hand, and neither his mother nor sister have the same idea of the scope and duration of outdoor activity as he has. If his parents are by temperament or by necessity, not so careful, he will have fits in the street, perhaps come to some serious physical damage, and be brought home by the police. In the end, in either case, it will mean a good deal more confinement indoors than any boy should have. His interests now begin to widen. He saves up his half-pennies for the cinema theatre at the end of the road, he puts in an appearance at Sunday School. All goes well until he adds his quota to what is going on by having a noisy fit; there is a commotion, and he is removed unconscious after having successfully disturbed the order of events. He does it again, and it is suggested kindly but firmly that his company is unwelcome. The same fate dogs him at school. Too often, both teacher and fellow-scholars alike, come to regard him with apprehension, with fear or with an active dislike: and the end is exclusion from school.

At home, meanwhile, parental love tries to make up for the handicaps and the limitations which life is so obviously bringing to him. The bonds of parental discipline are loosened a little. If he gets into a temper, and invades the property rights of his brothers and sisters, he must not be judged just as they are. By violence or lamentations, he finds that he can get his own way with comparative ease. His desire for unsuitable articles of diet is humoured: worse still he is allowed to eat a great deal more than he should, with consequent increase of fits. Such a boy's outlook on the world must differ much from that of the other members of his family and of other boys of his class. He sees himself regarded askance as someone to be afraid of, or disliked, he sees himself cut right out of much of the play and work of his fellows, he sees himself as someone who needs special protection and special sympathy, he sees himself as immune from many of the ordinary rules of life, and from many of its penalties, he sees that obstinacy, bad-temper, or crying are, for him, and for him alone, comparatively easy roads to the attainment of desire. And there, without any need to predicate much in the way of a special temperamental inheritance, is, I suggest, the basis of a character, self-centred and hypersensitive, that must inevitably lead to abnormal conduct. Moodiness, violent tempers, hysterical outbursts are part and parcel of the picture, delinquency and crime almost its natural outcome.

There is at the present time attending our School at Lingfield an active intelligent boy of 14, who was born and brought up in a part of a tenement house in North London. This boy was excluded from school, no doubt quite rightly, because of his frequent fits, and was left to roam about the streets. The house in which he lived had no garden, front or back, there was no park within a mile. Under such conditions the natural outlets for a boy's energies were, to say the least, limited: and who can wonder if he came up against the forces of law and order? We might be willing to sit on the magistrates' bench and allot punishments to fit his crimes: but blame, if blame there must be, could not, with any

justice, sit on his shoulders. Ten months ago the boy came to us: school was once more open to him, there was football and cricket, and green fields to play in. Theft and other unsocial acts were no more necessary to him now than to any other of his fellows, and they have completely disappeared.

What I have sought to suggest so far is that in many cases of epilepsy, a great deal of the mental instability and of the social mal-adaptation may be directly due to the occurrence of the fits, and not to any inevitable and primary inheritance. The picture I have endeavoured to paint is not a complete one. Congenital mental defect, in varying degrees, enters in a great many cases; and, if congenital mental defect in the narrower sense of the term, no doubt other forms of congenital mental abnormality as well, and the mind of the epileptic as has already been said, is not readily represented as a type. But if the picture is not complete, it is at all events not hypothetical. It is a composite picture whose clear outlines are derived from a pretty close acquaintance with a large number of epileptic school children.

Can a better environment be found for these children? I believe that it can, and that if only the patient is placed in the right surroundings early enough in the course of his disease, much of his mal-adaptation and unhappiness may often be avoided, and incidentally the fits themselves much diminished. It is a serious thing to take a child out of his home altogether: and if it is only to treat some disease or defect directly due to bad physical conditions in the home, obviously the better course is to concentrate our efforts on the removal of those conditions. But there is no evidence of this in the care of the epileptic. There is, indeed, something to be said for the removal of the epileptic child from the point of view of his brothers and sisters. Frequent and violent fits are a very disturbing element in a school, or a home: and their occurrence may well do considerable mental damage to any specially sensitive child who has to live in a daily apprehension of seeing them. I think the point will appeal to any of us who have children of our own. There is moreover, in the case of epileptics, often an additional factor in the home environment which militates against their happiness. Epilepsy, it is now recognised, is but one manifestation of a neuropathic inheritance. The direct transmission of the disease itself from father to son is a comparatively rare event; the rule is to find in the direct ancestry of an epileptic, or among his collaterals, cases of insanity in one of its many forms, epilepsy, mental deficiency, alcoholism or suicide, or of such lesser manifestations of the neuropathic inheritance as bad tempers, hysteria, migraine, etc. If a parent or an older brother, then, is hysterical, bad-tempered or alcoholic, the atmosphere of the home is all the more difficult for the epileptic child: a state of affairs which unfortunately is all too frequently within the experience of those who work among epileptics.

The alternative to home life must be an institution; and it will already be clear that in my opinion the institution should be for epileptics only. Certain advantages of institutional life will be at once obvious. The more serious risks of physical damage during fits can be reduced to a minimum, a suitable diet can be ensured and over-feeding avoided, fresh air, regulated hours of sleep and other elementary matters of ordinary hygiene are easily attained. The Insti-

tution should be in the country. For over 350 patients at our Colony at Lingfield, we have eight playing fields, besides four pieces of asphalted playground. Our experience goes to show that a warm, rather relaxing climate is likely to suit epileptics best. But the effects of the new environment on the child will not be limited to these matters of hygiene, important as they are. In a Colony he goes to school again: he has concerts and the pictures once more to look forward to: there is football, cricket and hockey. *He sees himself as a normal member of the society in which he moves.* To have occasional fits is not the exception, but the rule: and therein I believe lies the commonest reason why the majority of epileptics are much happier on a Colony than at home, or in a general institution. In a smaller number of cases, the removal of an alcoholic or neuropathic relative from the child's immediate surroundings is of greater importance.

Can these claims be substantiated? I think they can. The degree of social adaptation cannot be expressed numerically, but if anyone were to take the trouble to read the histories of our cases before admission, and to compare them with their records in our Homes or school, they would be convinced of a general improvement. That is not to say that dishonesty, untruthfulness, violent tempers, and the like are unknown among our children, but they are certainly far less widespread than their former histories would indicate. The incidence of fits is a much more measurable quantity than the degree of social adaptation; and here the improvement is very marked. It is rare indeed for a child to have as many fits during the first year at Lingfield as he is supposed to have had the year before he came in: and in a good many cases, the fits cease altogether. At the present time out of 149 children in our school who have been with us for more than six months, 21 have had no attack of any kind since the day of admission. It is worth while considering what the cause of this cessation of fits is likely to be. In every case the child was sent to Lingfield certified by a medical officer specially approved by the Board of Education, as suffering from epileptic attacks, so severe, or so frequent, as to unfit him for attendance at an ordinary public elementary school. It is unlikely that many of them were not cases of idiopathic epilepsy, and all the more so when we note that in ten out of the twenty-one cases there is a record of either epilepsy or insanity in near relatives. This proportion is a little higher than the average figure we obtain in a large series of cases, but no doubt the true proportion is higher still as complete histories are difficult to get, especially where mental trouble is concerned. Mal-diagnosis, then, is not likely to account for the stoppage of fits in more than two or three of the twenty-one cases under consideration. Drug treatment, again, can be entirely ruled out. It is our practice not to give bromides or other sedative drugs to any child for the first three months after admission, unless there is some special reason for it, and, as a matter of fact, none of these cases have had a single dose of bromide or similar drug while they have been at Lingfield. Fresh air, simple food, daily baths, and the like may have been important factors, but I believe that in the type of case with sudden cessation of fits, the change is due to the removal of some undesirable factor in the child's environment. Such a factor is likely to be an unpleasant emotional stress in the home, associated with, say, violent tempers or alcoholism in some members of the family. The actual incidence of fits has become associated

with such periods of stress, so that the latter have come to act as "conditioned" stimuli. In the absence of the stress the fits have ceased. In some cases the connection seems fairly clearly established: in others one can make a pretty shrewd guess.

We must not, however, make the mistake of idealizing our institutions. The best of them are inherently bad things, because in time their populations tend to become "institutionalised." Their outlook on life is limited by the borders of the Colony; they are citizens of a Colony, not of a state. And this, especially in the case of epileptics, where a progressive narrowing of the mental horizon is one of the most characteristic features of the complaint. Moreover, whenever patients remain for a long period in an institution where life is ordered and inevitable, and where there is no struggle for the necessities, there is a tendency towards a certain loss of individuality. John Jones becomes less and less John Jones, and more and more No. 31 in Block E. Further, institutions for epileptics have to deal with a very wide variety of mental grades, a much wider variety than, for instance, institutions for mental defectives. Grading is imperative. It is not fair to put children of normal, or even super-normal intelligence, to live with the lower grades of mental defectives just because they are liable to epileptic attacks. The recent circular of the Board of Education assigning more children to each teacher among epileptics than among mental defectives, is, I believe, unfair. There is a far wider range of intelligence in the schools for epileptics, and unless the school is very large indeed, satisfactory grading is impossible, and there must be an enormous amount of individual teaching. Moreover, the mental instability of the epileptic is an additional handicap; and there are the fits to cope with.

The question of grading, and the considerations I have brought forward with regard to institutionalization are both vital factors in the problem of how we should deal with our epileptics. In this article I have dealt mainly with the epileptic child. Epilepsy is essentially a disease that begins in early life, and if treatment away from home is best, obviously the earlier it is started the better. But most of what has been said applies equally to the adult, with the proviso that the outlook with regard to fit incidence as well as social adaptation is not so good. The difficulty of grading, both for children and adults calls for large colonies: or better still, for some degree of centralisation of effort with regard to epileptics, with a view to grading by institutions. Sooner or later centralisation is bound to come, very probably under a department of the Ministry of Health, and under such centralisation it may well be anticipated that the intelligent, the markedly delinquent, and the mentally defective epileptic may find themselves in different institutions. If the Colonies themselves should be large, the units within the Colonies should be small and well separated. The ideal children's home would contain only 10 or 12, that for adults perhaps a larger number up to 25. In this way the patient would retain his individuality, and a family rather than in institutional atmosphere would be encouraged. But there is no use pretending that these small homes would be as economically run as larger ones. The "institutionalisation" tendency must be fought in every possible way. All the syllabuses for schools and Continuation classes want careful modification with this

point in mind. We have a new and powerful weapon in the cinema, rightly chosen films have an enormous education value. With a very little money, a good deal of planning, and some courage, one can arrange to take patients right away from the Colony once a year. This year almost all our patients at Lingfield, little and big, will have a day at the seaside, and in most cases they will pay for their excursion by their own hardly-saved pence. For this reason it will be all the more enjoyed, and the effect on the mental horizon is difficult to overestimate. In a word, the aim must be to increase, in every way we can, the contacts between our Colony patients and the world outside.

To sum up, the mental development and outlook of epileptics presents such enormous variations that it is difficult to speak of an epileptic type. There seems, however, to be a distinctive epileptic temperament, which is no doubt largely inherited. It is claimed, however, that many features of this temperament and much of the social maladaptation resulting from it, are directly due to the social consequences of having periodic epileptic fits, and it is further suggested that if the patients are resident in special colonies rather than in their own homes, many of these untoward results may be avoided. Under these circumstances the patient's fits will be less, his physical and mental health will improve, and he will be happier.

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A Note on the Size-Weight Illusion.

By W. B. DRUMMOND, M.D., F.R.C.P. (Edin.)

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Medical Superintendent, Baldovan Institution for Feeble-Minded Children, near Dundee.

THE statement has been made that the Mentally Defective do not experience the Size-Weight Illusion. By whom the statement was first made I do not know, but it has been copied into several books without verification. As I have not verified my references, I cannot quote chapter and verse, but anyhow a professional psychologist recently asked me whether the statement is true. I replied that I thought it extremely improbable, but that, as Kirkpatrick said, when Bruce stabbed the Red Comyn, I would "mak siccar."

It is perhaps scarcely necessary to explain that the illusion referred to is as follows:—Two weights are prepared which differ considerably in size but are equal in weight. If these are lifted one in each hand and compared, the smaller weight will seem quite distinctly the heavier. Indeed many people will refuse to believe that the weights are equal until they see them weighed on a balance. Now it is affirmed that if a mentally defective person is tested, and asked which of the weights is the heavier, he will indicate the larger, thus showing that he does not experience the illusion.

To test the matter I made use of two wooden weights, one about the size and shape of the cork of a large bottle (5 c.m. × 2.4 c.m.), the other a short broad cylinder like the bung of a large barrel (3.2 c.m. × 6 c.m.). The smaller piece had been hollowed out and weighted with shot. The weight of each is 52 grams.

The test was carried out in the following way. Each child was tested separately out of sight and hearing of the others. The weights were shown to the children, and one was then placed in each hand. I said, "Feel these two weights carefully." (Pause). "Now, give me the heavy one." It seemed better to use the word "heavy" which the children naturally hear frequently, rather than the word "heavier" which they rarely hear, and certainly never use. If the child gave the smaller weight, he was marked correct or plus. If he gave the larger weight, or proffered both, he was marked incorrect or minus.

Practically all the children examined belong to the imbecile class. They are able to understand simple questions, and to attend to their own wants, e.g., to feed themselves with a spoon.

Of 33 boys tested, 20 were marked plus; of 33 girls tested, 19 were marked plus.

The Mental Ages and Intelligence Quotients of the children tested had been ascertained at various periods prior to the test, and the children were not re-examined. But if we assume that Intelligence Quotients remain practically constant for a moderate time, it is possible to say that children whose Intelligence Quotient is above 40 are likely to succeed in the test unless they are very young; while children with an Intelligence Quotient below 40 are not likely to succeed, though a few of the older children did so. Evidently experience counts for something.

I tested several feeble-minded lads who work with the tradesmen. These are not included in the experiment. These lads promptly and with great assur-

ance gave the smaller weight, and seemed much amused at being asked such a simple question!

It does not seem worth while to draw up a table of all the children tested. The following table shows a number of typical successes and failures, selected according to age.

TABLE.

Boys.

No.	Age. (Years).	Mental Age. (approximate).	Intelligence Quotient.	Result. + or —
1	20	7	44	+
2	15	7	46	+
3	13	5.5	44	+
4	12	7	58	+
5	11	6	55	+
6	10	5	50	+
7	8	6	73	+
8	16	3	18	—
9	12	4	33	—
10	10	4	40	—
11	8	5	62	—
12	7	3.5	50	—

The next question which requires a little consideration is why so many children failed. With the idea of ascertaining whether the children did not understand the problem, I retested all those who had failed. In each case, I introduced the test by giving the child a test with two of the Binet Weights. These were two weights of exactly the same size and appearance, but weighing respectively 3 grams and 15 grams. The child was seated at a table, and the weights placed in front of him. I said, "These are two weights which look exactly like each other, but one is heavy and one is light. Lift them up and feel them carefully, and give me the heavy one." The difference between the weights is of course very obvious. As a child may easily be correct by chance, the test was repeated three times. All had to be successful for a pass. If the child offered both weights, the trial did not count, and the directions were repeated carefully.

Of the 13 boys who failed with the Illusion Test, only 2 succeeded with the weights. Twelve of these boys failed again with the Illusion Test. One failed with the weights, but passed the Illusion Test (three times repeated). This is boy number 12 in the Table. Boy number 11 in the Table might have been expected to pass the test, as he has such a high Intelligence Quotient. He succeeded with the weight test as a child with a mental age of five ought to do, but he failed with the Illusion Test each time it was tried. He is an impulsive little boy who responded to the question instantly, without pausing a moment for consideration. Boy 12, though less intelligent, is more deliberate and careful.

The conclusion reached, therefore, is that the Mentally Defective do not differ from normal persons in their response to the Illusion experiment, provided they have sufficient intelligence to appreciate the question; also that the degree of intelligence necessary is comparatively low, as the majority of those with a mental age above five and an Intelligence Quotient above 40 respond normally.

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Occupation Centres—The Present Position.

(14) IN May, 1922, it will be remembered that the C.A.M.W. published a pamphlet on the subject of Occupation Centres urging their extension and describing the position with regard to them as it was at that date. Since then, however, developments have been so rapid that some short review of the present situation together with a list of Centres revised up-to-date, seems needed, and it is the purpose of this article—pending the issue of another edition of the pamphlet—to supply that need.

From the list enclosed as a supplement to this issue, it will be seen that at the moment of writing there are in existence 47 Centres and that one more is in process of being opened. 25 have paid supervisors, 15 have an attendance of between 12 and 20 children, and 14 are open every day in the week; 8 Voluntary Associations or Committees are responsible for more than one Centre each.

To the Leeds Centre we would particularly call attention as being an experiment of great interest and as indicating a method of "After-Care" which the next few years may well see extended to other areas and which should provide data of great value.

It is also noteworthy that two or three Associations have been instrumental in establishing small Occupation Classes in their local Poor Law Institutions for defectives in the Guardians' care, a method of co-operation which we hope will in the future be widely practised.*

In a Questionnaire recently circulated to form the basis of this article, we asked that any special difficulties which had been met with in running Occupation Centres might be noted. In response, the one that is most frequently referred to is that of "escort." Unless paid guides are employed it seems almost impossible for a Centre to touch an area wide enough to ensure a really good regular attendance and all the evidence acquired so far seems to point conclusively to the fact that this item of "guides" will have, in future, to be included in every estimate of expenditure which is drawn up. With regard to discipline, one Secretary alludes to the difficulty of dealing in a Centre with the "unstable" type of child for whom she feels residential care is essentially needed. Another reports that the feeble-minded children attending the Centre (owing to the lack of a Special School in the district) are found to be more difficult to control than the lower-grade children—a comment which bears out the contention we have persistently made as to the undesirability of looking upon Occupation Centres as being adequate substitutes for Special Schools. Otherwise, however, this question of discipline does not, contrary to some people's expectation, seem to have caused as a general rule any serious trouble.

A point of interest mentioned by a Secretary who has opened in her area more than one Centre, is that the children attending the one held in the morning seem to progress more rapidly than those attending another held in the afternoon.

* On this subject see article in our April number, "Mental Defectives under the Poor Law; How the Problem is dealt with at Ipswich." P. 36.

The good effects of Centre training are almost universally put on record, and that Centres are "worth while" is now, we think, established beyond dispute.

The services of Miss Wingate, our Centre Organiser, have been and continue to be in steady demand, and she has already visited some six or seven areas either to start new Centres or to help in the consolidating of those already existing.

The Agnes Western Centre in Finsbury continues to be available for the training of prospective Supervisors who are free to come to London, and several students have already taken advantage of the opportunities which it offers. The Centre is under the auspices of the C.A.M.W. working through a local Committee in close co-operation with the London Association, and its training department is in charge of Mrs. Anderson (Case Secretary of the C.A.M.W.) who has had many years' experience as a teacher in Special Schools. Every effort is made by the staff to introduce all the most recent developments which can be suitably adapted to the methods of training possible in a Centre, and students and visitors are always cordially welcomed.

The necessity of having a *trained* Supervisor, if really effective work is to be done is, we are glad to note, emphasised by the Board of Control in a recent Circular, and any expense connected with the provision of such training they are prepared to take into account for the purposes of grant.

That the Board of Control are wholeheartedly in favour of Occupation Centres is borne witness to in this same Circular issued recently to County and County Borough Councils. It draws the attention of Local Authorities to the value of Centres as providing a method of making Supervision more effective, and announces the repeal of Article 15 of the Provisional Regulations under the Mental Deficiency Act which, by specifying that Supervision is to be carried out by means of "inspection and visitation" might be interpreted as prohibiting the support of Centres under this heading and thus making the giving of a grant for the purpose as *ultra vires*. This possible obstacle is now, however, withdrawn and the Board definitely state that they expect that a certain proportion of the expenses of Centres run by Voluntary Associations shall be refunded by Local Authorities in addition to any grants paid direct by the Board to Centre Committees. It also empowers Local Authorities, "in exceptional circumstances," to start and maintain Centres themselves.

With Occupation Centres established as part of the work of Supervision, their future may be said to be assured, and now that the uncertainties and difficulties of the experimental phase of their development have been successfully overcome, we feel confident in giving the assurance that we are on the threshold of a period of steady progress and expansion.

News and Notes.

Sterilisation and Mental Deficiency.

The C.A.M.W.'s pamphlet on this subject, to the preparation of which we referred in our January number, is now published.

It consists, first, of a statement drawn up by the Executive Council on the policy of Sterilisation in its social bearings, and secondly, of the report presented to the Council by its Medical Committee, embodying their views on Sterilisation in its medical aspects.

The theme of both reports may be summarised as follows:—

- (a) That Sterilisation is not a practicable policy at the present time.
- (b) That at any time the sterilisation of certifiable mental defectives would only have a very limited effect in preventing mental deficiency. The fact of the transmission of mental defect by mentally defective parents is not disputed, but in the majority of cases defectives are the offspring, not of parents who are mentally defective, but of those who are apparently normal, although frequently "carriers" of defect, or who are suffering from insanity, psychoneuroses or a mild degree of mental or physical abnormality which is not certifiable. The sterilisation, therefore, of only certifiable defectives cannot achieve any very startling results.
- (c) That a policy of sterilisation, whilst thus achieving comparatively little in the way of prevention, might be attended with serious harm in other directions. For it would lead to a false sense of security and result in many defectives being thrown upon the world who should be under care, to the disadvantage of themselves and the danger of the community.

The C.A.M.W. therefore place on record their conviction that the only sound foundations upon which a national policy for dealing with the problem of mental deficiency can be built up are those consisting of segregation for defectives who cannot adapt themselves to the existing social code, and of Supervision (including the use of Occupation Centres and Employment Classes) for those who are not possessed of marked anti-social tendencies—in brief, by the active carrying out of the Mental Deficiency Act.

Copies of the Report (price 2d. each) can be obtained on application to the offices of the Central Association for Mental Welfare, 24, Buckingham Palace Road, S.W.1, and we hope that our readers will assist us in securing for it a wide circulation.

Courses organised by the C.A.M.W.

Course for Medical Practitioners.

This Course of Lectures in Mental Deficiency arranged by the University of London Extension Board in co-operation with the C.A.M.W. was held during the week beginning Monday, May 28th, in accordance with the arrangements announced in our last issue.

Forty-one Medical Practitioners attended, all of whom expressed their appreciation of the Course and its value to them in their work.

Short Course for Teachers.

This Course, organised by the Board of Education in conjunction with the C.A.M.W., is being held at Birmingham as we go to press.

Fifty-three teachers are in attendance, of whom four are from schools in Scotland and four are overseas teachers from South Africa, New Zealand and Australia, who are taking the Course as private students.

Proposed Course for Magistrates.

The Council of the C.A.M.W. decided at its meeting in April that should there be a sufficient demand, they would be prepared to organise a Course for Magistrates on their work in connection with the certification of cases under the Lunacy and Mental Deficiency Acts. It is suggested that the Course should be held for four days, if possible in London, in the autumn, and should consist of (a) lectures by medical men and other experts, and (b) visits to Institutions, Mental Hospitals, etc., for demonstrations. The fee would probably be fixed at Two Guineas.

The Course will only be held if the demand for it is sufficient and Miss Evelyn Fox, 24, Buckingham Palace Road, S.W.1, will be glad to hear at once from magistrates who would like to attend. Suggestions as to subject matter and length of the course will also be welcomed.

The C.A.M.W. Film.

The Film showing methods of training defective children, the preparation of which we announced in our last issue, has now been completed and has been shown already at the Annual Meetings of two Local Voluntary Associations, as well as at the Annual Meeting of the Central Association on July 9th.

The general title of the film is "A Simple Record of Modern Progress in the Care and Training of Mental Defectives." It is divided into some 60 scenes, half dealing with low-grades and half with high-grades, and takes about 20 minutes to show. Amongst the subjects are:—low-grade children being taught to walk; exercises for increasing muscular control; the game of "Rabbits"; the toy band; skipping, stepping, jumping and balancing exercises with planks, boxes, wheelbarrows, etc.; a washing-up lesson; dancing; a lesson in word-building; high-grade defectives working at brush-making, mat-making, tailoring, stocking-knitting, etc.

The experiment is, we think, a complete success, for by showing so vividly the actual process of training defectives, the film arouses an amount of sympathetic interest which speeches and pamphlets, however eloquent, can never arouse to a like extent.

Application for the use of the film at meetings should be made to the Central Association by whom terms and conditions will be gladly supplied.

Meeting of British Medical Association at Portsmouth.

At the Annual Meeting of the British Medical Association to be held at Portsmouth from July 24th to 27th, the section of Medical Sociology has chosen for July 27th the subject of "Mental Deficiency in its Social Aspects." The

C.A.M.W. will be responsible for exhibits of apparatus for Mental Tests, and of the work of defectives in Special Schools and Institutions and is also shewing its new film on methods of training defectives.

Dr. Brackenbury, the Chairman of the Education Committee of the C.A.M.W., is the Chairman of the discussion on "Mental Deficiency in its Social Aspects," and the speakers asked to take part include the Hon. Secretary of the Association, Miss Evelyn Fox, and two members of its Medical Committee, Dr. Potts and Dr. Prideaux (Hon. Medical Secretary.)

The full programme of the discussion is as follows:—Morning Session: Opening Papers by Dr. Potts and Mrs. Pinsent; by Dr. Devine on "Segregation," and by Dr. Macfie Campbell, U.S.A., on "Organisation for Supervision." Afternoon Session: Papers by Miss Evelyn Fox and Dr. Prideaux on "The Education of Defectives," by Dr. Norwood East on "The Incidence of Crime and Mental Defect," and by Dr. Robert Gibbons on "Sterilisation."

Tickets for the meeting may be obtained on application to the Central Association, 24, Buckingham Palace Road, S.W.1.

Mental Treatment Bill.

This Bill, promoted by the Ministry of Health, has successfully passed the House of Lords, in which it was introduced, and as we go to Press is awaiting consideration by the Commons. It constitutes in our opinion, a piece of progressive legislation for which there has for long been a demand, and passed into law it should be of great value to mental welfare workers, who should therefore acquaint themselves with its provisions.

Briefly the Bill enables early cases of mental disorder to secure, without being certified under the Lunacy Acts, treatment in Mental and other Hospitals approved for the purpose and further empowers Local Authorities, subject to certain conditions to pay for such treatment.

Clause 4, provides that on the recommendations of two medical practitioners, any person suffering from mental disorder who is considered likely to benefit from temporary treatment in an institution, may, without a reception order under the Lunacy Act, be received as a patient into an approved Institution for a period not exceeding six months. This period may be extended for a further period not exceeding one year, if it appears "reasonably probable" that he will recover during that time.

Patients recommended for treatment under this clause must express themselves as willing to submit to it, unless they are minors when the consent of the parent or guardian must be obtained, or are "incapable of volition," and in these two latter cases the recommendation for treatment must be supplemented by a statement signed by a magistrate or by a minister of religion.

A patient received under this Clause may leave the Institution at any time, after giving 72 hours' notice, unless he is a minor when the notice must be given by his parent or guardian.

An approved Institution may be a Mental Hospital, a Registered Hospital, a Licensed House, or any other Hospital approved by the Board of Control.

Other Clauses of the Bill which should be noted are:—

Clause 1. To empower Local Authorities to co-opt a limited number of members on their Visiting Committees under the Lunacy Acts, and to lay down the stipulation that on every such Committee appointed under the Act, at least two members shall be women.

Clause 2. To empower Visiting Committees, subject to the approval of the Board of Control and to the consent of the Local Authority appointing them:—(i) to take joint action with other Local Authorities: (ii) to provide or arrange for the treatment as out-patients of persons suffering from mental disorder; to receive voluntary boarders in any Institution under their control; (iv) to make provision for the After-Care of Mental patients on discharge: (v) to undertake research in relation to mental disorder and to make contributions towards the expenses of any body of persons engaged in such research.

Clause 3. To reduce the number of paid Commissioners under the Mental Deficiency Act to 8, and to give to Inspectors the powers with regard to visitation and inspection which are now held by Commissioners.

Clause 7. To empower Local Authorities to defray out of the rates any expenses incurred by a Visiting Committee under this Act.

We hope to deal at greater length with this important Bill in its relation to Mental Welfare work in a later issue.

New Home for Mentally Defective Blind Babies.

There is to be opened in the autumn a Home for Mentally Defective Blind Babies and young children at Reigate, in Surrey, primarily intended for low-grade cases for whom so little provision at present exists.

It will be certified by the Board of Control and cases will be also received from Boards of Guardians.

The Home which has secured the patronage of Miss Ellen Terry is being run as one of the activities of the Braille and "Servers of the Blind" League. Enquiries and applications for terms, etc., should be addressed to the Org. Secretary, Arthur Burgess, Esq., 3, Upper Woburn Place, London, W.C.1.

Royal Eastern Counties Institution, Colchester.

This Institution has recently bought Bridge Home, Witham, Essex. Bridge Home was till recently used by the Metropolitan Asylums Board as a training home for high grade mentally defective youths. The Home will make the sixth branch belonging to the Royal Institution, and will be used for four classes of mentally defective male patients over sixteen years of age. It has accommodation for over two hundred cases and will bring the total number of beds in the Institution up to about a thousand and fifty. It consists of a central administrative block with wings on either side, another detached block, a hospital block, a steam laundry, accommodation for five training shops, a chapel, a gymnasium, and a large orchard from which in the past, tons of jam and preserved fruit have been made. Alterations and improvements are now being carried out, and it is expected the new branch will be occupied in August.

The rooms at the main Institution at Colchester, vacated by the four classes going to Witham, will be used as additional accommodation for women patients.

The Possibilities of Spinning as an Occupation for Defectives.

The following is an account—kindly sent to us by Miss Evelyn MacKenzie, Hon. Sec. of the Cambridgeshire Voluntary Association for Mental Welfare—of an experiment that failed, but failures have often as much to teach as successes and we draw attention to this one as illustrating some of the difficulties which beset the path of those who are trying to explore the possibilities of “self-supporting” employment classes for defectives:—

In October 1922 an attempt was made to start an Occupation Centre for girls over School age that would be self-supporting. There is a demand locally for home-spun wool and it was hoped that some high-grade mentally defective girls might be taught to spin sufficiently well to contribute out of their earnings towards the expenses of a room and a Supervisor. It was proposed to train cripple girls also, and a grant of £15 was given to the Voluntary Association by the Cambridge Invalid Children's Aid Association. A large room in a central quarter of the town was hired at the low rate of 7s. 6d. a week (including gas firing), and a Supervisor who could spin was engaged to look after the girls. As she was a knitter by profession she was paid only 12s. 6d. a week on the understanding that she might work at her knitting while at the Centre. The room was open for five hours on five days and three hours on one day in the week. A local Weaving Industry undertook to supply fleece and to buy the yarn when properly spun.

The Centre opened with two mentally defective girls who had previously had some lessons. One had lately left a Special Class for “backward” children, and came from a very poor home; the other was the daughter of well-to-do parents and was aged 23, but was subject to fits of violent temper and had never been able to do any regular work. Later, two cripple girls were admitted and three or four mentally defective girls were tried for varying lengths of time. The cripples learnt quickly, but the mentally defective girls proved so slow that it was found impossible to pay them for the yarn they had spun. After nearly six months the Centre had to be closed.

The chief difficulties were:—(1) The limited supply of high-grade girls near enough to get to the Centre. (2) Parents' objection to allowing their daughters to attend where there was no monetary gain for some time; they prefer the girls at home to help in the house or to be nursemaid to their own or to the neighbours' children. (3) The Supervisor, though very kind, was unused to mental defectives and did not get the best out of them. The success of the cripples damped her interest in the defectives. (4) The commercial element had some drawbacks; a great deal of fleece was spoiled at first and the girls were made to re-spin it, which kept them back when they were improving, disheartened them unnecessarily and prevented them from earning anything.

The Centre, however, gave the girls very real pleasure and all the parents testified to their mental improvement; even the cripples developed independence and self-confidence by “going out to work” for the first time. Now the Centre has closed, one cripple has her wheel at home and is able to earn about £1 a week; the other was hindered by illness. Of the mental defectives, one has at last learnt to spin yarn that is saleable, thanks to the encouragement of her mother; another also had her wheel at home, but the mother took no interest and the girl has done nothing. The other mental defectives who were tried all proved failures while the Centre was open.

Experience has shown that a Centre of this kind would only be worth running

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if six or eight girls could be found to attend regularly under a Supervisor with a knowledge of special teaching, and with other simple industries besides spinning, which takes months to learn. Normal girls should not be admitted, and there should be no question of making money, either by the girls and their parents or by the Association. Full expenses should be met by the Association, and in course of time it is possible that the girls may make saleable goods and be able to earn and to make some return to the Centre.

‘‘Extra -Institutional Care.’’

Two interesting documents have recently reached us from the United States in which this problem of the provision of care for defectives *in the community* is discussed.

In the *4th Annual Report of the New York State Commission for Mental Defectives*, we find, in a section headed ‘‘*General Policies*’’ this significant pronouncement (the italics are ours):—

‘‘During more than a decade this restricted custodial policy has been modified. The parole and discharge of inmates has increased and with this change and many others, a new era in the care of mental defectives has taken place in New York State.’’ While the exact number of mental defectives in the State cannot be determined at this time, it is now quite well agreed that *all do not require continued institutional segregation.*’’

But lest this should be taken to imply a reversion to a policy of *laissez-faire*, the writers of the report are careful to point out:—

‘‘While a large number of mental defectives can live in the community and be self-supporting if supervised to some extent, it cannot be too strongly emphasized that *they require this supervision*. If not supervised, they become dependent sooner or later, they do not remain self-supporting and a certain number of them become criminals.’’

How is this supervision to be effectively provided?

One solution is the provision of what is known as ‘‘Colony’’ care, and those of our readers who were interested in an article in a recent issue of this journal by Miss Susan Hoagland, are recommended to obtain a copy of the *28th Annual Report of the Board of Managers of the Rome State School, New York State*, where exhaustive statistics on this work amongst girls are given.

Some equally interesting statistics casting a searching light on the intricacies of the problem, so much greater than the early advocates of permanent institutional care for all defectives realised, are given in the same Report by the Medical Superintendent (Dr. Bernstein) as to the categories into which an Institutional population of 2,500 cases are likely to fall, viz:—

- Of 2,500 cases made up of a general run of admissions and all accepted:—
- 20% will be of school age, of which about 10% will ultimately be returned home, and 10% will be suitable for colony life.
- 40% will be purely custodial cases, of which about 10% will be good workers but delinquent and needing close care.
- 40% will constitute the ‘‘stable and economically efficient high grade imbecile and moron group suitable for colony and parole life,’’ and of these 20% will pass each year to an independent existence.

It would be interesting to know whether this classification of Dr. Bernstein’s is found to be in general agreement with that of Superintendents of similar Institutions in this country.

Book Reviews.

CRIME: ITS CAUSE AND TREATMENT. By Clarence Darrow. George Harrap & Co. London. pp. 292 10s. 6d. 1923.*

"The old order changeth" and many social questions are being viewed to-day in a new light. Amongst these problems none is more prominent at the present time than that which is associated with those anti-social actions which are designated "crime." The fact is not without significance, as evidence of a new official attitude, that several books upon the subject have been written recently by those who have been, or are, directly connected with the Prison service, notably by Sir Ruggles Brise on the English Prison System, by Dr. Mary Gordon on Female Offenders, and more recently by Dr. Hamblin Smith on the Psychology of the Criminal. The latest book on Crime its cause and treatment, is by an American lawyer, but "*Coelum non animum mutant qui trans mare currunt*," and the problem is the same whether on this side or that side of the Atlantic. Dr. Darrow opens with a discussion of the question "What is crime?" and answers it by shewing what it is not. Crime as such has no true reference to conscience or ethics, but its significance lies in the fact that it elicits a certain type of group-reaction from the rest of the community. But he goes on to point out that exactly the same type of reaction, *i.e.* a deprivation of liberty, is exhibited in the case of imbecility, insanity, and infectious disease. Personal liberty must end where public injury begins. Our laws have descended to us out of tribal customs which date from a time to which "the memory of man runneth not," and are based on primitive ideas of man's capacity and responsibility which themselves have long been superseded. Hence it has become increasingly necessary for us to change our attitude in regard to crime.

The author looks at the question from a biological standpoint, and considers the essential feature of crime to be a failure of adjust-

ment to the ever increasing complexity of environment, and the relentless growth of social restrictions. Man is, as Aristotle described him long ago, a social animal, and the gregarious or social instinct is one of the mainsprings of life, without which he could scarcely have maintained his existence in the past. Human actions are governed by instinct and emotions and only to a small extent by Reason. Hence there arises an inevitable conflict. In each one of us there abides the potential criminal, and the saying of the xviii century divine, "there, but for the Grace of God, go I," is profoundly true of us all. These considerations compel us to assume a determinist position in relation to those actions which we label criminal. This does not imply, however, that there must not be a social reaction to these actions, for such a reaction is a biological necessity. But if we may apply the physiological theory of the late Dr. Rivers, our reaction, which has in the past partaken of the protopathic or "all-or-none" type, must now assume an epicritic regulated character.

The book is so clearly written and so evidently the result of much experience in dealing with crime, that it will be found one of the most valuable, as it is one of the most interesting studies of the subject which has been written.

G. A. AUDEN.

INTELLIGENCE TESTS AND SCHOOL ORGANISATION. By Lewis M. Terman, Virgil E. Dickson, A. H. Sutherland, Raymond H. Franzen, C. R. Tupper and Grace Fernald. Harrap 4s. 6d. net.

This book is a Sub-Committee Report of the National Education Association on revision of Elementary Education. The writers describe experiments in organisation which have been made to eliminate differences in mental ability either by the individualisation of instruction or by making more homogeneous classes. The "Multiple track," or Oakland System described by Dr. Dickson pro-

vides for the individual by establishing more or less homogeneous classes in at least five parallel grades known as the accelerated, normal, opportunity, limited, and atypical classes. The last two cater for subnormal children, the opportunity class for children who have good mental ability—but are backward, through ill-health and long absence, and the first two for children such as the names suggest. To put such a plan into practice means that we must have schools with 1000 to 1200 on the Roll. But is it not a matter of regret that we should have schools with such big rolls?

Dr. Sutherland describes the Los Angeles Plan an individual system of teaching by projects, arranged primarily for special class children. Expense will not allow us in England to carry out such a plan with normal children. At the same time the social advantages to be gained from the homogeneous class outweigh the advantage of a purely individual system of instruction so that perhaps it is as well if expense does curb us.

These all too brief reports make us rejoice that the psychologist is coming to the aid of the organiser of schools, and that the latter is concerned not only with catering for the sub-normal child but also for the supernormal and allowing him to develop at his own pace.

G. A. AUDEN.

INTRODUCTION TO THE USE OF STANDARD TESTS. By Sidney L. Pressey and Luella Cole Pressey. (Harrap 6s. net).

In this book the reader is introduced to tests of achievement in History, Geography, English and Arithmetic.

Sufficient is said to show that their work is not that of the examination, and that they cannot take the place of the examination. The latter gives opportunity for spontaneous and original work but the former have the threefold purpose of testing the child's general ability, detecting weaknesses with a view to the adoption of remedial measures and giving

practice in the subject in order to eliminate weaknesses.

The English Tests appear satisfactory for testing spelling, punctuation and grammar, but the methods of assessing actual merit seem so elaborate that the result gained does not seem worth the trouble expended.

The History and Geography tests make too great use of the power of suggestion to be of real value. The Courtis Tests in Arithmetic give a very clear idea of the threefold function of the test—a general test of ability in the four rules discovers weakness in one of them, then follows a diagnostic test which splits up the total ability into its elements. The weakness is discovered and the necessary practice tests follow.

The writers are to be commended for their clear exposition of the meaning and value of both tests of ability and achievement.

G. A. AUDEN.

“THE PSYCHOLOGY AND TEACHING OF NUMBER.” By Margaret Drummond, M.A. George Harrap & Co., 3s. 6d. net.

Though intended primarily for teachers in Infants' Schools, this book will be found of great service to those whose work lies among mentally defective children. In the past, teachers have profited but little from the “psychology of number” as expounded by the theorists, but here we have both theory and practice dealt with in a simple straight-forward manner by a psychologist who is thoroughly conversant with school conditions and methods.

We all know the tremendous efforts that used to be made by class-teachers to get Jimmy and Mary and Tommy and Jessie, etc., to realise all on the same morning just what was meant by 7 sparrows and 7 oranges and 7 pennies and 7 sticks, etc., *ad nauseum*.

This book will have fulfilled a great mission if it helps us to realise very clearly that there is a time to teach and a time *not* to teach; that lots of play with well-chosen but easily ob-

tainable material, combined with short lessons and intensive practice at the right time will bring us more happily and often more speedily to the goal. A number of really enjoyable games are suggested and guidance given as to economical methods of practice. Where Miss Drummond compares the achievements of the "Uninstructed" and the "Instructed" child, we are forcibly reminded of the words of the poet:

"Mankind are not pieces—there's your fault!
 You cannot push them, and, the first move made,
 Lean back and study what the next will be,
 In confidence that, when 'tis fixed upon,
 You find just where you left them, blacks and whites:
 Men go on moving when your hand's away."

The Special School teacher will be warned against hurrying her pupils to 'sums' and paper-work—the elementary school tradition dies hard in this. With many defectives it simply means that in practical life their school work in number will avail them nothing at all if the foundations are not well and truly laid. Methods must be psychological whether or not they appear logical to the adult mind, and to ensure this there is given a careful analysis of the early stages of development along with the educational principles deduced.

E.L.S.R.

HANDBOOK FOR MENTAL NURSES. Published under the Authority of the Medico-Psychological Association. London: Bailliere, Tindall and Cox. 1923. Pp. xiii, + 615. Illustrated. Price 6s. net. Seventh Edition.

First published in 1885 as a modest volume of 64 pages, this Handbook has now grown into a comprehensive textbook of nearly ten times its original size. The present edition has been entirely rewritten and the scope of the book considerably enlarged. The subject matter is divided into sections dealing respec-

tively with the duties of nurses in mental hospitals; general anatomy and physiology; first aid; hygiene; principles of sick nursing; bodily diseases and their nursing requirements; anatomy and physiology of the nervous system; the mind in health; causes of nervous and mental disease; types of mental disorder and their special nursing requirements; and mental nursing in institutions and private houses. The concluding chapter is devoted to an account of mental deficiency. This subject is fully and clearly presented, and consideration is given to diagnosis, causation, classification, intelligence tests, treatment, and management and training. The treatment of certain subjects, notably that of the nervous system and psychology, is rather more than elementary, and many excellent nurses could not reasonably be expected to assimilate thoroughly all the contents of this volume. The editorial committee realise this, but they feel that it is desirable to include more than may be necessary for mere examination purposes. The contents of this book make it abundantly evident that the mental nurse is now expected to know a great deal of the theory and practice of her profession, but the clear and readable manner in which this Handbook is written, and the pains which have been taken to make a difficult subject interesting, should do much to make the preparation for examinations a pleasure rather than a burden. The book will not only be found of value by mental nurses but also by social workers who wish to acquire a knowledge of the various aspects of mental disorder. An error has been overlooked on page 53 where the spleen is described as lying under cover of the ribs "on the right side of the back."

H. DEVINE.

OPENING DOORS. A little book for the Mothers of Babies who are Long in Learning to Behave like other Children of their Age. By John Thomson, M.D.

Everyone who comes in contact with the homes of young defective children has felt, at some time or other, the need of a pamphlet—

cheap enough to be given away if necessary—conveying in non-technical language that information about training and treatment which comes as a message of hope to the mother who is quivering beneath the pain of the growing realisation that her baby is not like other babies.*

Dr. John Thomson—one of Scotland's leading Children's specialists—has for years been interested in the problem of the Mentally Defective child and studied it in terms of human needs as well as of science, and has now stepped into the breach with this little pamphlet embodying his long experience.

Its nature may be gauged from the headings of some of its principal sections, viz., "On Babies who behave differently from Others"; "The Healthy New-born Baby and why he can do so little"; "What you Notice when a Baby's Brain is Growing Properly"; "How you may know when it is not Growing as Fast as Usual"; "What you can do for the Baby if he is doing too little, forming bad habits, late in speaking, to strengthen his character, if he cries constantly or has fits or faint turns"; "To keep him strong and well"; "Suggestions for the Special Treatment of those Children whose Limbs are very Stiff." Under these headings it incorporates practically all the knowledge which it is necessary for the mother of the young defective to have, and it conveys it in terms chosen with such a fine regard for the susceptibilities of the readers for whom it is primarily intended that there is nothing in it which could hurt or shock the most sensitive of parents.

To write a pamphlet of this kind may seem to the casual reader an easy matter, but those who have had some practical experience of the subject with which it deals know that the task which Dr. Thomson has achieved with such complete success is one of very great

difficulty and they will always be grateful to him in the name of the mothers they are trying to help, for his labour of love.

The pamphlet is to be sold for distribution at the rate of 25s. per 100; single copies are 6d. each or, in cloth, 1s. 6d., and we confidently state that in future no office of a Voluntary Association can consider itself adequately equipped without a supply of the pamphlets on its shelves.

The C.A.M.W. has purchased a limited number of copies for disposal which it will be glad to supply on application, or they may be obtained direct from the publishers, Messrs. Oliver & Boyd, 33, Paternoster Row, London, E.C., or Tweeddale Court, Edinburgh.

CAUSATIVE FACTORS OF MENTAL INFERIORITY AND THE PREVENTION OF DEGENERACY.
By J. E. Wallace Wallin, Ph.D.,
Director of State Bureau of Special Education and Professor of Clinical Psychology, Miami University.

This pamphlet is a reprint from the Proceedings of the 46th Annual Session of the American Association for the Study of the Feeble-minded, held at St. Louis, Missouri, in May, 1922. It contains a summary of the results of an analysis of the personal and family histories of 872 consecutive cases examined by Dr. Wallin at the St. Louis Clinic and sums up the conclusions he has arrived at from this and other experience of the kind during the last 12 years.

Dr. Wallin discusses at length the place of heredity as a factor in the production of feeble-mindedness and gives a summary of the views of other experts on the question showing how widely divergent these views are. He also points out the extreme difficulty frequently found in detecting adequate causation in individual cases, this being possible in the present enquiry in only 229 of the 872 examined. Of this number (229) he found that the mental deficiency was due to heredity alone in 46%, that in 16.6% it was partly due

* We do not forget Miss Macdowall's valuable little book, "Simple Beginnings in the Training of Mentally Defective Children," but this does not concern itself specifically with babies, and is not of course a pamphlet.

to heredity and partly acquired, and that in 37.8% it was wholly acquired, and he sums up his general views on the subject as follows:

“In my own experience, therefore, the evidence for the hereditary transmission of feeble-mindedness, in the sense in which that term has been employed, is not as positive or unambiguous as is desirable for the purpose of formulating a theory of causation which shall adequately account for all the facts and lead to measures of prevention or treatment, which shall be maximally effective. How then, shall we formulate an adequate theory of causation?”

The theory advanced to answer this question is that the defect in cases with regard to which causation is obscure and does not appear to be heredity, is due to the influence of toxic substances acting upon the soma or germ-plasm of the parents and of the embryo or foetus either directly or indirectly—a theory which Dr. Wallin maintains (despite his realisation that it will doubtless be attacked as “heterodox and unscientific”) can be shown to be supported by evidence derived from experiments which have been made with regard to alcoholism and lead poisoning.

The practical outcome of the adoption of the theory is, he maintains, important in seeking to prevent mental deficiency in that it shows we “cannot depend solely upon colonisation, sterilisation or laws prohibiting the marriage of the feeble-minded but must also aim at the prevention of toxication of the germ-plasm in the parents of each successive generation.”

REPORT ON THE WORK OF THE CHILDREN'S BRANCH OF THE HOME OFFICE. April, 1923. H.M. Stationery Office. Price 2s. net.

This Report contains not only a record of the work and progress since 1916, of Industrial and Reformatory Schools but a review of all the other activities of the Home Office in connection with children and young persons, such as “Probation,” “Cruelty to Children,” “Employment of Children,” “Cinematographs,” etc.

The first chapter, devoted to a general discussion of Juvenile Delinquency, contains a useful summary of the various methods which can be used by Courts in dealing with young offenders, under the Children Act, whilst the chapters on Reformatory and Industrial Schools and on Probation are packed full of just that information which those who are concerned with the subject in any way ought to have at their command.

The question of Mental Defect is not dealt with at any length, for the Commissioners do not share the view of those irresponsible alarmists who proclaim it as being the chief cause of all delinquency and crime. On the contrary we read (*page 8*):—

“Mental defect is too often stated as the primary cause of delinquency in children. It is often put forward as an excuse for an offence, and is used as an argument for neglecting the education of a child who is really only backward. Although it is no doubt true that many serious offences may be directly attributed to mental defect, the majority of offences are committed by normal children who have not been trained to control their impulses.”

Much greater attention is now being given in Home Office schools to the problem of the dull and backward child, and it is inspiring to read that he is “no longer being given the minimum of teaching in the school-room on the ground that his mind is not worth development but is becoming an object of interest and study. Thus on the “Cornwall” and in other schools the principal teacher has recognised that the training of these boys is his greatest responsibility and he takes the lowest class himself.”

But the whole Report should be read and studied by all Mental Welfare workers. It may justly be taken as the official embodiment of the new spirit in which the problem of delinquency is now being approached, and its complete abandonment of the old vicious ideas of repression and punishment is full of hope for the future.

In “*National Health*,” for May and June,

1923, there appear two articles by Dr. Tredgold on "Mental Deficiency in Children under School Age," which should be useful to those who have not the time or opportunity for reading up the subject in his book.

The magazine can be obtained, at the price of 9d. a copy, from the Manager, "National Health," 5, Tavistock Square, W.C.1.

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THE COMMON NEUROSES. THEIR TREATMENT BY PSYCHOTHERAPY. By T. A. Ross, M.D., F.R.C.P.E. Edward Arnold & Co. 12/6 net.

THE NERVOUS CHILD. 2nd Edition. By H. C. Cameron, M.A., M.D., F.R.C.P. Henry Frowde and Hodder & Stoughton. 7/6.

HEREDITY AND CHILD CULTURE. By Dr. H. D. Chapin. (U.S.A.) Kegan Paul. 6/-.

Education, Mental Tests, etc.

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CAUSATIVE FACTORS OF MENTAL INFERIORITY AND THE PREVENTION OF DEGENERACY. By J. E. Wallace Wallin, Ph.D. Director of State Bureau of Special Education, and Prof. of Clinical Psychology, Miami University, U.S.A. (Reprint.)

AN INVESTIGATION OF THE SEX, RELATIONSHIP, MARRIAGE, DELINQUENCY AND TRUANCY OF CHILDREN ASSIGNED TO SPECIAL PUBLIC SCHOOL CLASSES. By J. E. Wallace Wallin, Ph.D. (Pamphlet)

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C.A.M.W. Publication.

STERILISATION AND MENTAL DEFICIENCY. Price 2d. each. Apply to C.A.M.W. Offices, 24, Buckingham Palace Road, S.W.1.

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A general meeting of the Association (with a meeting of the Executive immediately before it) is to be held on July 9th, 1923, as "*Studies in Mental Inefficiency*" is going to press. Several subjects of interest to mental welfare workers are down for discussion and as a precis of every subject has been circulated to members, even if the attendance is small all will have had an opportunity of expressing their views.

The constitution of the Association, framed when the membership consisted almost entirely of Secretaries to local associations and their assistants, now needs revision and is down on the agenda for consideration,

STUDIES in MENTAL INEFFICIENCY

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The Mentally Defective and the Community.*

IV
78
Paper read by MISS EVELYN FOX at a Meeting of the Psychological Section of the British Association, Liverpool, September, 1923.

THE developments in recent years in connection with the care of the mentally defective—ascertainment, standardised tests, specialised teaching and the provision of institutions—have shown to all in close touch with the work (not only in this country but in the United States as well) that the problem of the relation of the defective to the community cannot be solved or even seriously dealt with by these means. It is a far more complex one than even the most far-seeing had imagined. The knowledge gained by practical experience in individual case work over the whole country has brought home to us not only the number of cases concerned, but the endless variety of methods required to deal with their endlessly varied needs. Further, in our efforts to care for the high-grade defective we have learnt that this problem is so closely allied with the care of still more numerous and important classes of the community—the dull and backward, the subnormal, the unbalanced and unstable—that, till we have dealt efficiently and constructively with a side of the question hitherto almost untouched, the care of the defective *in the community*, we cannot approach with any chance of success the question of the teaching and training for citizenship of these other classes.

* Owing to pressure of space some condensation of this paper has been necessary, but it is substantially unchanged.

We have seen in the past and shall, I believe, see in the future, how the knowledge gained through experience with defectives helps us in tackling the problems presented by other dependent classes of the community. Thus the work of Madam Montessori in her early days in Rome, the place of manual training in the school curriculum, the development of individual treatment for children and young adults, all of which have so profoundly affected the education of normal children, had their origin in, or owe their chief impetus to, experimental work in connection with the teaching of the mentally defective. We shall further find, I believe, that the organised work of supervising and regulating the industrial and economic position of defectives who remain outside institutions will have far-reaching effects in helping us to cope with one of the grave problems of the future—the failure of certain people, through temperament, character, continued bad environment, or prolonged adverse conditions, to adapt themselves successfully to the ever-increasing complexities of our modern social organisation.

The problem is so vast that I have perforce limited myself in this paper to certain aspects only—the ascertainment of defect, and the methods which we shall need to employ for dealing with the large numbers so ascertained. I have eliminated from consideration the problem of the defective of low mental grade who can hardly form part of the community, and have considered only the question presented by the feeble-minded, and high grade imbecile.

To many, the problem of the care of the mentally defective presents itself in comparatively simple terms—the ascertainment of defectives by means of various standardised tests, the training and education of those so ascertained in suitable schools and institutions, and for the protection of the community (secondarily for that of the individual) their maintenance, when over school age, in colonies and institutions. To others all these methods are mere temporary expedients, for to them the whole problem lies in preventing defectives from bearing children, by means mainly of sterilisation but also by segregation, and to this all other considerations must be subordinated; for they maintain that the results of such methods—and more especially of sterilisation—will be so greatly to decrease the number of defectives as to reduce the whole question to small and manageable proportions. Holders of both these views envisage defectives as a large well-defined group of individuals who can easily be diagnosed by experts and their number accurately ascertained, and who can then be dealt with by one or two recognised and established methods. If the problem were as simple as this we should indeed be able to look forward hopefully to its solution, for the Mental Deficiency Act, 1913, and the Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914, amended and intelligently administered, would give us the machinery we need for coping with it, and our sole care would be to ensure a full and efficient administration of such Acts.

But unfortunately practical experience in dealing directly with large numbers of cases does not bear out the truth of this contention. We see defectives as an ill-defined group of individuals the diagnosis of whose condition is a matter of dispute amongst various experts—medical men, psychologists, teachers and social workers—and about whose numbers and incidence in the various classes of the community such contradictory figures are given as to be of little or no value. We see a group, which merges into the other equally ill-defined group, consisting mainly of young people—the backward, the unstable, the recidivist, the borderland,—all with this feature in common, that they fail to meet the requirements of

the modern community, and all needing specialised means of help to enable them to cope with this failure—a group whose members are easily led and influenced, responsive alike to good and bad—a group containing, besides a conspicuous but small number of defectives of vicious and criminal habits, an infinitely larger number of defectives of simple and childish characters, as undeveloped in their sexual as in their mental life, with failings such as those we find in primitive man and in children, a group of which the individuals vary enormously in their capacity for work; some able to hold their own under suitable conditions and with the background of care and training, even in the modern industrial world; some, though *mentally* capable of doing so failing through faults of temperament and character; others capable only of working at their own time and speed, others again capable of nothing but the very simplest kinds of occupation connected with their own homes.

This diversity at once rules out as inadequate any one hard and fast method of dealing with the question. Sterilisation, to which I have already referred in passing, and which in certain quarters is so hotly advocated, must therefore as a universal panacea, be rejected as the basis of a constructive policy, for, attractive as it may appear at the first glance, the more fully it is considered the greater are the limitations revealed.

(Here followed a summing up of the conclusions recorded in the C.A.M.W.'s pamphlet on the subject.)

Even with segregation we must realise that, if we accept the contention that the majority of defectives come from families of bad stock and not from parents who are actually mentally defective—and the figures now being worked out appear very conclusive on this point—we shall still have to deal with much the same numbers as exist at present. Unfortunately reliable statistics on this question of the number of defectives* are almost entirely lacking. The figures of the Royal Commission on the Care and Control of the Feeble-minded—4 per 1000—are probably very conservative, but even this low estimate would give us, in our present population, a total of 151,540 defectives†. In this conjunction with it, too, must be taken the number of children needing Special School accommodation which has been estimated as 80,000.

It must be evident even to the most superficial thinker that to provide permanent institutional accommodation for such a number of cases is quite outside the realm of practical politics and that every other means of safeguarding and protection must be tried.

If we are to deal effectively with the problem our first necessity is to arrive at some satisfactory definition of what constitutes mental defect.

Much has been done already to meet some of the difficulties with regard to children, and the work of the President of this Section, Dr. Cyril Burt, and of others has gone far to establish standardised tests for them. But no such definite progress has been made with regard to adults. Although we hope in the future that the majority of defectives will be recognised as such during childhood, this will not be the case for many years and there will always be cases whose low or unbalanced mentality will only become evident when competition outside school

* The term "defective" is used here and throughout the paper not in the narrow sense of those administratively certifiable under the Mental Deficiency Act but as denoting persons who require care, supervision and control for their own protection or for the protection of others.

† See also calculations made by Board of Control. Summarised on page 81.

life has to be met. We cannot therefore afford to neglect any effort to secure some common standard for testing adults which shall be accepted by the country as a whole and which will still be sufficiently elastic to meet the needs of the large and diverse group of defectives who need help in some form or another.

It has been repeated *ad nauseam* that mental deficiency is not a psychological, educational or medical problem but a social one. But have we ever treated it as such? Have we not been content to state the truism, and then to turn gladly from the wider issues to a consideration of the question from some special angle—medical or pedagogical? Surely it is by the response of the defective to his environment, whether in his family life or in his industrial and economic relations, or in his wider relations as a citizen of a large community that we must judge him. Such relations are complex; to realise them will involve not only a knowledge of the individual from many different angles but—in the more difficult cases—this knowledge and observation must cover a long period of years. We cannot generalise or arrive at an understanding of the failure of the adult defective to adjust himself to his environment (and without this understanding how we help and protect him?) as the result of a brief medical or psychological examination, based on the casual knowledge of one or two aspects of his life imparted often by biassed relations or by the teacher who has seen him generally only under the powerful influence of the school, or by the social worker who may have come into contact with him during some crisis in his life, some moment of stress when failure was almost inevitable. If our standard of mental deficiency is to be mainly determined—as the Mental Deficiency Act lays down—by a *social* criterion, viz., the defective's need of care and protection for his own sake and that of others, such need can frequently be established only as the result of careful watching of the defective in *all* his relations over a long period of time; it must not be the outcome of a short experience in circumstances probably abnormal.

The experience of case work gained specially during the last ten years of work at the Central Association, has convinced me that to secure this necessary co-operation, two things are required—an intimate knowledge of the defective and his surroundings acquired over a long period of time by a supervisor trained for the work and a better organisation for pooling the knowledge possessed by the officials of the various authorities coming in contact with him. Our Local Mental Welfare Associations who visit systematically defectives under the various authorities, as well as those outside any official purview, can if they select and train their workers carefully and inspire them with a vision of the work, ensure for us a living community service for the care of defectives which will extend throughout their lives and which can at any moment provide authorities, medical officers, and psychologists, with a record of a defective's past, his successes and failures—in short the principle data on which his certification must be decided.

In addition I should like to suggest, as a practical step, the organisation of conferences, say bi-annually, over large areas—perhaps even over two or three counties—of all concerned in the problem, certifying officers under the Mental Deficiency Act, education officials, school medical officers, psychologists, school teachers and social workers, who, under expert guidance, would consider the problem from an entirely practical point of view based on the needs of their own area. From the experience thus pooled it should be possible to arrive at a uniformity of standard in the definition of mental defect that would make a starting

point more accurate than any we have hitherto had, and which should lead us eventually to evolve the practical methods of help necessary for the cases diagnosed as the result of this joint experience.

But whatever tests we ultimately adopt for the determination of defect, whether in children or adults, this can only be the first step; in itself it will be useless unless it leads directly to practical measures for caring for the defectives so detected. It seems hardly necessary to dwell on this but there is a real danger that some authorities will rest content with fulfilling the duty of ascertainment, possibly of notifying, and be quite supine before the more difficult question of what to do with cases so ascertained. As an example I would draw your attention to the following consideration. The Local Education Authority can notify to the Mental Deficiency Act Committee, children on or before leaving school who appear to need institutional care or guardianship; others not considered to need such care are either left entirely without help or are handed over to a voluntary organisation. In how many instances has the Local Education Authority kept a record of the lives of such children? Could any one authority inform us whether, judging by their subsequent careers, the notifications had been based on right lines? How many children not thought to need institutional care have been within a few years before the Courts, or failed miserably in maintaining themselves and been ultimately sent to an Institution? Apart from the personal suffering which such failures involve, the waste of knowledge which should be the basis of future action is deplorable.

The various ways of caring for defectives other than in institutions and schools are as yet in their infancy, but no effort should be lost in developing them speedily to meet the recognised number of cases which call for such treatment.

Out first difficulty is to estimate, out of the total number of defectives, the number and classes which can be left in the community. Have we any definite figures? I am afraid none that can be given here, for any statistics we have are painfully inadequate. During the last ten years when it has been possible to give institutional care to a certain number of defectives and when we should have been gathering facts and figures as to the economic and industrial position of those not sent to institutions, we have had very abnormal industrial conditions. First, during the war a very high proportion of defectives were employed and at good wages, even children excluded from Special Schools as imbeciles earning good money in simple occupations, thus demonstrating the fact that, some allowances being made, defectives of even a low mental grade are employable. Now abnormal unemployment makes it difficult to get figures of defectives capable of industrial work. The gathering of statistics that can be in any way a reliable guide is further complicated by the differing standards in use in admitting children to Special Schools. In one area, the bulk of the children may be of a very low mental grade and include a high percentage of imbeciles; in another, the majority of them may be fairly high-grade feeble-minded. This in itself must influence returns as to employability. Again in some areas—and this fact will have an important bearing when we consider how to help defectives—there is quite a considerable amount of employment in factories and mills suitable for them. In others, such as Liverpool, there is practically none.

On examination of various Returns, including those of the Birmingham After-Care Committee, we should probably not be far out in estimating that about 28%

of the children who leave Special Schools are capable of, and in normal times do find, remunerative work without any special organised effort being made to provide them with any particularly suitable occupation or to alter their home environment. All the figures bear out the fact that the number of defectives under the care of either public authorities or of our Local Mental Welfare Associations (and these latter have up to date dealt with some 25,000 cases) forms but a very small percentage of even the low estimated total of 151,000 defectives whom we have in the country. It is obvious therefore that this large group of individuals needing special care and control—which are as essential for the defective outside an institution as for his brother inside—is not receiving it. Many of them are living in good homes but it is no exaggeration to maintain that even under these conditions a defective is usually less well trained and safeguarded, less satisfactorily employed (whether remuneratively or not matters little as far as his own happiness is concerned) than he would be if he could be under skilled supervision involving some organised method of providing occupation.

The difficulty of estimating the number of defectives outside institutions and likely to remain so, is, finally, enhanced by the fact to which I have already alluded—that they are so often indistinguishable as regards conduct, etc., from the unstable, unbalanced “borderline” cases who are not actually mentally defective. Not only is this a difficulty in estimating numbers, but it is one which prejudices the work for defectives, for amongst such borderline cases there will inevitably be more serious failures than amongst those of mental defect by reason of the fact that our facilities for dealing with them are so painfully inadequate.

The various methods of dealing with mental defect must always include an adequate number of properly classified institutions with a large variety of occupations both for the permanent needs of the defectives who remain there and for those younger cases who go for a period of occupational training. Such institutions must be in close touch with the outside authorities who send cases to them. When each authority has the institution or institutions it needs within easy reach, then I hope we shall see the very closest co-operation between the officer certifying or advising the sending of defectives there, and the officials of the institution. The development of each case ought to be marked and recorded and the reports sent to the certifying officer. It should not be left, as it is at present, to an individual certifying officer, teacher, or Mental Welfare worker who happens to be interested in the defective, to enquire about his progress, but it should be a matter of course that such workers should be kept informed. I emphasise this point for it would appear from the records of the last few years, both here and in the States, that more and more use is going to be made of institutions for the *training* of defectives. Many cases will, through low mentality, or irresponsible and vicious habits or with a disposition too facile or a temperament too difficult, be obliged to stay in such institutions permanently, but there are many others who will be able after skilled training and teaching, to return to the outside world if favourable conditions can be provided.

The institution must therefore be in close touch with those responsible for defectives in the areas from which the patients come, and the work they are taught to do must bear some relation to their possible future occupation outside. The defective has, as one of his most marked failings, a lack of adaptability which is not sufficiently recognised by those employed in training him. He may be so excellent at one form of handwork (if done in his own time and at his own speed)

that we forget that if placed before slightly different tools or materials he may fail hopelessly. The institution must aim either at making him adaptable by giving him the oft repeated rudiments of many occupations, or at training him in some task or handwork which it will be possible for him to continue to do in the outside world—a consideration which is at present too often overlooked.

It appears to be an undoubted fact based on the experience of most institutions that many defectives, after some years of training in habits and control do steady down and can safely be allowed out under good conditions. Some, on the other hand, as I have said, will never be able to go out, and others will be tried only to fail. Each case must be decided on its merits. The States are tackling this problem by providing working hostels for boys and girls institution trained from which they go out to daily work. At any time in case of failure they can be returned to the Institution, but if they "make good" they leave the hostel on parole and are ultimately discharged altogether. A similar experiment is about to be made in London where a small Certified Institution is buying a house to serve as a Hostel for those girls who, after preliminary training, can be sent out daily to domestic work.

Besides the Institution, there are great possibilities in urban areas of developing other methods of training—Special Schools (which, I am inclined to think should be reserved for children who are likely to earn their own living or to contribute materially to their support in the outer world) Occupation Centres and Employment Classes, on the lines of those already opened in many areas whose further development is only a matter of time.

(Here followed some account of these experiments.)

The problem of the defective trainable and employable presents extraordinary difficulties in *rural areas*. It is true that in most such areas defectives can probably find employment more easily than they can in towns, yet undoubtedly the grosser cases of indecency and vice we come across are more common in rural areas. The overcrowding is as great as in towns and there is more isolation which appears to re-act unfavourably upon the community's sense of responsibility for the defective. The solution lies in the training and occupation of the defective not only for his own sake but for the added sense of responsibility that is thereby given to those concerned with his welfare. I am inclined to think that the only possibility of making such provision is by the appointment of visiting teachers for those defectives who have responsible parents, who would teach them how to occupy him in ways such as the ordinary home permits with, in addition, some simple handicraft; the co-operation of Women's Institutes might be secured here to ensure that technical help and encouragement shall be at hand in between the professional visits. If no such arrangement is possible for occupation and training, then the defective in a country area should be sent away to an Institution to secure for him these vital necessities for his welfare.* In connection with this scheme of visiting teachers, I would suggest that the future will see an extension of visiting teachers for the blind and probably also for physically defective children, and that by combining one service for all these purposes, each teacher could have a small area and thus visit more frequently than would otherwise be possible—once a fortnight perhaps instead of once a month.

* It is regrettable that the institutional care of defectives will thus fall more heavily on the less wealthy rural areas than on the wealthier urban ones but there seems no help for it.

Having indicated some practical methods of training and safeguarding defectives in the world, the great question which faces us is how to provide for the needs of the defective who, though employable, is only so under favourable conditions.

In speaking of this question of employment we must recognise that the element of uncertainty, the risk of unemployment, will always be specially great for defectives, for the less efficient will fall out the first. Haunted as we now are by the unemployment tragedy one hesitates to press the claims of this special class of the community. But surely no civilised nation can long contemplate the continuance of the present state of things—degrading, brutalising and uneconomical as it is,—and we are entitled to look forward to and prepare for a time when there will be at least a reasonable amount of work available for all.

Formerly even in times of trade depression, a certain proportion of defectives have been able to find work, and with proper organisation we should be able to increase this number. I do not by this mean to imply that in *each area* employment will be possible, but that by the use of boarding-out, working hostels, grouping in cottages, etc., we should be able to distribute defectives in places where there is a market for their work. Very mechanical occupation of the simplest nature, some simple forms of agricultural work, some seasonal work, should be always available for such properly organised and controlled groups. We are apt to sigh hopelessly when we are told that occupation outside institutions must be found for the defective of a mental age of 6 or 7 but we forget that for generations there were workers in employment of that age. Anyone who reads accounts of child labour in the past will realise how many of the occupations carried out were possible to the *mentality* of a child though so unsuited to his physical and moral stage of development. But this latter reservation does not apply to the defectives of whom we are speaking and for them work of this kind must still be available. We must moreover always bear in mind that the safeguard of the future will be the full operation of the law which enables us to send any defective neglected or without visible means of support to an Institution. Those who fail repeatedly in the different kinds of work which organised effort has found for them, or who, whilst succeeding in the work, fail through bad conduct or incapacity to adapt themselves even to this specially chosen environment, will not be cast adrift but will be sent back for a further period of institutional training and strict control, or if necessary for permanent care. We shall not be, as in the past, fitting the hopelessly round peg into the hopelessly square hole; we shall be able to deal with the misfits not by abandoning them to a life of misery, but by placing them in one more suited to their limited capacity.

But any such organised scheme of employment for defectives must be dependent on three factors; they must be living under control and in a suitable environment; they must be under the strict supervision of the trained and responsible officer of an authority or association; and they must be protected from the possibility of exploitation, or of working under bad conditions. The first will be simplified by remembering that no task, no home life is suitable for the untrained undisciplined defective, whose place must be in the institution, and that the experience of boarding out defectives under guardianship has demonstrated that for those who are trained but who have no homes or unsuitable ones we can always secure proper surroundings and care. I have referred to the task of our Vo'untary Associations in providing a community service for defectives; it will be for them to see that no defective subject to the strain of life in the community

is without a visitor in touch with every authority, with every means for obtaining help for him when necessary. How to protect him from being exploited will I think need some further legislation. Either the very loose and inadequate provision of the Trade Boards Act for the exemption of certain workers from the minimum wage will have to be tightened up, and the condition of work and wages of defectives be specially under the charge of inspectors, or additional provision may be needed under the Mental Deficiency Act. I am inclined to think that some modification of both Acts will be needed—the Trade Boards Acts for all those who work at trades coming under the Act, and the Mental Deficiency Act for those who do not. In the present position of the Trade Boards it is, however, impossible to deal fully with this aspect of the problem. All we can do is to bear in mind that for the defective in employment special legal provision of some kind will have to be made.

I have not dwelt on the danger of the defective in the community procreating his kind and so handing on the very evil we are dealing with. The danger to my mind is an exaggerated one and can be safeguarded against. It is but seldom that the defective with strong sexual tendencies is entirely fit in other ways for freedom; he has generally other tendencies which make detention in an institution necessary. But under the conditions I have laid down as the only suitable ones for a defective if he is to remain in the community—a good home and adequate supervision and control—it should be possible to protect the great majority of the feeble-minded of stable temperament, both boys and girls, and experience of a large number of elderly defective women has shown me that even in an ordinary home this can be done. If it cannot, because the defective is too facile or too uncontrolled, then his place is in an institution. But even with these limitations we shall, I am convinced, still find that the large number of defectives will remain in the community and must be cared for there.

It is useless to look back to the happy days when we saw in permanent institution care a solution of the whole problem. We must face the fact that the number of defectives will remain fairly constant for at least some generations to come and we must organise our resources to meet this position. With some vision of the work in its wider aspects, with good organisation, trained workers and above all with an enlightened public opinion, I do not despair of the future, but look forward hopefully to the time when, whether in the community or in the institution, there will be provided for every defective the care and control which he needs.

How the Mental Deficiency Act is Working.

The Ninth Annual Report of the Board of Control has just been issued.*

It is perhaps of special interest this year in that it deals not only with the work done during 1922 but contains a critical historical retrospect of what has been accomplished since the passing of the Mental Deficiency Act in 1913. Taking as their criterion the principles enunciated by the Royal Commission on the Care and Control of the Feeble-minded, —especially the basic principle of all, viz., that of “unity and continuity of care and control,” —the Commissioners set themselves the task of considering how far the Act, as it is worked at present, can be said to embody those principles, and in what directions improvement in methods and amendment in machinery are needed. The result as recorded in this Report, is not very inspiring, unless we regard the fact that the problem has in this way been lighted up by the searchlight of official criticism as itself an augury of hope.

The intrinsic defects of the Act and the present difficulties of its administration are ruthlessly laid bare. “It cannot be said,” we read, “that the Mental Deficiency Act is at present exercising unity or continuity of control, though it undoubtedly aimed at creating the machinery by which these conditions could be secured. It is still to a large extent true that mentally defective persons pass from one Authority or Institution to another, helped or detained a little in each, but permanently cared for by none.”

The Report then proceeds to justify this criticism by discussing how far the few clauses of the Act which do make some provision, however inadequate, for continuity of control are working by showing in each case how great is the need for more co-operation between the different authorities concerned, and by indicating possible lines of advance.

The Need of Co-operation.

First in importance is placed the need for greater co-operation between the Local Authority and *Education Authorities*, for the provision of the Act which gives the latter the power to “notify” feeble-minded children needing protection is “the one provision which seems to have been framed with the idea of preventing disaster and securing continuity of care for those who need it and if thoroughly carried into effect it would go far towards meeting the whole problem.” As everyone knows however this provision is in too many instances a dead letter and must remain so until the Education (Defective and Epileptic Children) Act is put into active operation. If this cannot be done at once, the Commissioners urge the making of some temporary provision whereby it shall be made a duty for Local Education Authorities to notify feeble-minded children leaving or not suitable for *ordinary* elementary schools, in order to ensure their being brought under the protection of the Mental Deficiency Act.

Co-operation between the Local Authority and *Poor Law Authorities* is again too often conspicuous by its absence, for although Section 30, Proviso ii of the Act provides means whereby continuity of control for defectives coming into the hands of the Guardians may be secured “only a comparatively few”

* To be obtained from His Majesty's Stationery Office, Imperial House, Kingsway, W.C.
Price 7s.

have been dealt with in this way. The Board reiterate the suggestions previously made by them on this point—the establishment of some system by which all defectives leaving Poor Law Institutions are reported to the Local Authority, and, as soon as possible, the enactment of legislation simplifying the whole procedure of transference.

Section 16 of the Act provides for the transfer of a defective from a *Mental Hospital* to an Institution, but notwithstanding this, numbers of defectives still remain in Mental Hospitals, and until Medical Superintendents or Visiting Committees make a point of reporting every such case on discharge, here again no “continuity” can be secured.

Dealing finally with the position with regard to co-operation between the Local Authority and *Criminal Courts*, the Report states that although there is here a “slow but steady advance” many prisoners, not dealt with under Section 9, are still discharged from prison without any steps being taken to communicate with the Local Authority so that protection under the Act may be forthcoming.

Ascertainment.

Turning to the question of ascertainment the Commissioners can report but little progress. Some Authorities report the ascertainment of as high a number as 3.50 per thousand, but there are still others who have not yet ascertained a single case. Some interesting statistics are given in this connection. Five Urban and five Rural areas in which the largest proportions of defectives have been found have been selected. “The five Urban areas have a combined population of 3,500,681. The total number of defectives ascertained is 5,793 or a ratio of 1.65 per thousand. The five Rural areas have a combined population of 1,214,730. The total number of defectives ascertained is 2,286 or a ratio of 1.88 per thousand. If similar proportions obtain in the whole of England and Wales as in the above ten areas, the estimated number of defectives to be ascertained works out at 64,783.”* The total number actually ascertained on January 1st, 1922, was 25,470 or a proportion of 0.67 per thousand of the population which makes it evident how much ground there is still to be covered.

Supervision.

The same unsatisfactory position exists with regard to the provision of supervision. On January 1st, 1922, 9,854 defectives were being dealt with in this way but the effectiveness of the method depends almost entirely upon the personality of the supervisor and the “importance of obtaining for this work persons of good judgment and with the requisite experience cannot” in the Board’s opinion “be over-estimated.” This Section of the Report contains a sympathetic reference to Occupation Centres which it is expected will “tend to decrease the number of cases who will ultimately have to be sent to an Institution.”

Guardianship.

At the close of 1922 only 370 defectives were under Guardianship. The Commissioners regret that “there has been no organised effort to increase the number of cases” and they commend to the attention of the larger Local Authorities the possibility of organising a scheme of work somewhat on the lines of that carried out by the Brighton Guardianship Society.

In this connection attention is drawn to an anomaly in the Act which, while providing machinery (Section 7) for the transfer of cases from Guardianship to Institutions contains no provision for the reverse process—transfer from Institutions to Guardianship. “The want of this creates a constantly recurring difficulty and militates against the whole spirit of the Act which was intended to prevent defectives from being detained in institutions longer than is necessary.”

Institutional Accommodation.

The existing accommodation at the present time is as follows:—

In the State Institution	368
In Certified Institutions	11,232
In Certified Houses	330
In Approved Homes	379
In Approved Poor Law Institutions (Section 37) ..	6,953
	<hr/>
Total ..	19,262

On January 1st 1923, there were under care a total of 15,786 defectives. Of those, 10,017 were in Certified Institutions, leaving (nominally) 1,215 vacancies; these were, however, chiefly in one or two large recently opened Institutions and generally speaking were only available for cases from a particular locality. In ‘Section 37 Institutions’ there were 4,391 cases, but again, although this appears to leave a large number of vacancies the position is misleading: such accommodation is only suitable for a comparatively limited number of defectives (of whom the great majority must be adults) besides being often confined to patients living within the boundaries of the Unions providing it; moreover, the whole of the total number of beds certified is not invariably actually available, for some may be unavoidably occupied by ordinary Poor Law patients. In short, the difficulty in securing vacancies remains as great as ever, and no new Institutions have been opened by Local Authorities during the year.

“A fair amount of progress” is the final verdict of the Report on the year’s work, and even this temperate estimate may seem to some to err on the side of undue optimism. No mental welfare worker can rise from a reading of it without feeling the need for redoubled effort, so clear is it that as yet only the fringe of the problem has been touched, and that years of hard steady work lie ahead.

News and Notes.

“Mental Deficiency in its Social Aspects.”

The discussion which took place on this subject at the recent meeting of the Section of Medical Sociology of the British Medical Association at Portsmouth was one of great interest, and we have pleasure in giving our readers a short summary of the proceedings taken from the official report which appeared in the *British Medical Journal* of 11th August, 1923.

The discussion was opened by *Dr. W. A. Potts* whose introductory paper outlined the problem of Mental Deficiency as a whole and touching some of its ramifications—venereal disease, alcoholism, crime, the “unemployable,” the “borderline” and unstable—showed its complexity and pleaded for a “larger vision” in dealing with it.

Mrs. Pinsent (Commissioner, Board of Control) followed with a paper on the Mental Deficiency Act—what it has accomplished and what it has failed to accomplish. She stressed specially in this latter connection its failure in providing for defectives that *continuity of control* the need of which the Commissioners in their Report of 1908 emphasised so strongly,* but showed that if such sections of the Act as do attempt to make provision for this were fully carried out, and specially if the Education (Defective and Epileptic) Children Act could be thoroughly and scientifically worked, much might be done to secure it even without an alteration in the law. Dealing with the question of the provision of Institutions *Mrs. Pinsent* produced figures† to show how little had yet been accomplished in comparison with what still remained to be done and pointed out, moreover, how inevitably slow further progress in this direction will be. She therefore urged the need for more intensive study and more experimental work into the whole subject. The following questions, in particular, she contended, call vitally for an answer:—

- (1) Is there any method of community control outside institutions which would ensure the safety of the defective and the protection of the interests of the community?
- (2) How far is complete segregation of large numbers and varying types practicable, and if rigorously carried out how far would it cut off the supply?
- (3) If the community decides that the segregation of defectives is essential for its welfare, what steps can be taken to render it less irksome for the individual?
- (4) Is it possible to promote scientific research which may reveal the causes of congenital mental deficiency and suggest its prevention?

In a paper on *the Segregation of Mental Defectives*, *Dr. Devine* (Medical Superintendent, Corporation Mental Hospital, Portsmouth) discussed from the sociological point of view the limitations and the possibilities of segregation as a method of dealing with the problem of the prevention of Mental Defect. As a eugenic policy he contended that segregation would never have any but limited results and we should always be left with a “large number of mentally unstable and intellectually deficient people who for various reasons cannot be segregated, but who, nevertheless, are a source of anxiety and need help and guidance.” To prevent *these* persons from propagating is then our problem and probably it is along the lines of *educational methods* which we must look for its solution—a solution which will not in his opinion, present itself in terms of “cut and dried methods.”

This view was not shared by *Dr. Gibbons*, (Gynaecologist to Grosvenor Hospital for Women) who read the next paper before the meeting, for he considered that “Sterilisation” was likely to prove the sovereign remedy, or at any rate one which should be specially tried.

Dr. Norwood East (Senior Medical Officer, H.M. Prison, Brixton) with a paper on “*The Incidence of Crime and Mental Deficiency*”‡ which contained statistics showing the value of the Mental Deficiency Act in preventing recidivism, but showing also how fallacious were some ideas prevalent in the past about the relation between crime and mental deficiency.

In a suggestive paper on “*Organisation for the Supervision of Mental Defectives*” *Dr. Mackie Campbell*, Director of the Boston Psychopathic Hospital, Mass., pleaded for what might be termed a “change of heart” towards defectives. People in America (though he concluded this is not so much the case in England) were inclined to be too much obsessed by intelligence quotients, forgetting that what mattered was adjustment to environment, and that many individuals with a low intelligence quotient could be made into useful members of society if care was taken

* For further discussion of this point see Miss Fox’s article and Summary of Report of Board of Control (page 80).

† Summarised on page 81.

‡ See “News and Notes,” P84.

to provide for them an environment suited to their capacity.' The psychological motive behind the cry for measures of segregation was too often, he said, the wish to be spared the "bother" of defectives—a reluctance to undertake personal responsibility for them. He suggested that instead of envisaging the problem as consisting of 0.5 defectives per cent. multiplied by the total population and so becoming overwhelmed by its magnitude, we should think of that 0.5. as being assimilated by every 100 normal members of the community—in other words we should emphasise the fact that for each defective in the community there are 200 normal people, and that to expect them to join together to shoulder the burden of him is not making an excessive demand. In conclusion Dr. Campbell stressed the responsibility of the medical profession in this question, and urged the importance of introducing into medical training from the outset that study of the neuroses which has led to the treatment of the patient as a "sick person at grips with destiny" rather than as a "laboratory animal."

Sir Frederick Mott in a paper on "*Heredity and Social Conditions among the Mentally Defective*" gave an account of the investigation which was carried on in this subject by Miss A. Kelley in Haggerston in 1915* and expressed the hope that the investigation might be pursued by either the Board of Control or the Eugenics Society, so essential was it that the facts of the problem should be brought to light. He was not disposed to advocate a policy of sterilisation.

In the discussion which followed these papers both Miss Evelyn Fox and Dr. Prideaux took part, dealing principally with the subject of the education of defectives and the problems involved. Dr. Prideaux also drew attention to the need of educating the medical student in psychological medicine.

The proceedings terminated with an address from the President of the Section, Dr. H. B. Brackenbury, who gave a most masterly summing up of the whole discussion.

Later on in the same day Miss Evelyn Fox exhibited to the members of the Section the C.A.M.W. Film on the training of mentally defective children which aroused great interest.

Some Recent Statistics on Mental Deficiency and Crime.

The following statistics on this important subject are the most recent which have been put forward. They should, we think, be given a wide publicity amongst Mental Welfare Workers in order that they may be in a position to dispute some of the wildly exaggerated statements which are from time to time made in the press and elsewhere, and we therefore lay them before our readers:—

Of 66,715 prisoners received into prison during the year 1921 to 1922, 223 were certified as Mentally Defective. Of some 60,983 prisoners received into prison in 1922—1923, 246 were so certified.

During the two years April 1st 1921 to March 31st 1923, 16,017 prisoners were admitted to Brixton Prison on remand or before trial; of these, 1,517 were remanded for special psychological examination but only 139 were found to be certifiable under the Mental Deficiency Act.

In the opinion of Dr. Norwood East, Senior Medical Officer of H.M. Prison, Brixton, who has made public the statistics given above, † an accurate estimate of the incidence of mental defect amongst unconvicted prisoners would be 5%.

At one of the recent meetings of the British Association there was again emphasised, in a discussion on "*The Delinquent Child*" the comparatively small part which mental defect plays in the production of juvenile delinquency. It is true that Dr. Cyril Burt stated that of the children examined by him 40% were "educationally backward" but actual mental deficiency he found in only about 8% of the cases. The estimate given at the same discussion by Dr. W. A.

* See report published as Supplement in Board of Control's Report for 1915.

† Paper read at meeting of Brit. Med. Assoc., Portsmouth, July, 1923. Since published as a pamphlet (see *Bibliography*).

Potts was lower still; in his experience only from 3 to 5% of the children brought before the Courts in Birmingham could be certified under the Mental Deficiency Act.

In a Report made to the London County Council,* Dr. F. C. Shruballs, Senior Assistant Medical Officer, comments upon "the very small proportion of Special School children who subsequently get into serious conflict with the law." Some interesting statistics he has lately published on the whole question we hope to record fully in our next issue.

The Record of a Mentally Defective Boy.

The fact that, as seen from the figures given above, the mentally defective criminal or delinquent is rarer than is commonly supposed does not mean that the problem when it does occur is any less serious or that we need slacken our efforts to reduce it to still smaller proportions. *How* serious it is, regarded in terms of human suffering and wasted opportunities may be gathered from the following record which has been brought to light by the Scottish National Council of Juvenile Organisations† and which is, unfortunately, typical of many others hardly less glaring. The child, at the time of committing his first offence was 10 years old. This is the pitiful tale of his next four years:—

<i>Appearances in Court.</i>	<i>Offence.</i>	<i>Treatment by Court.</i>
3 Nov. 1917 (1st appearance)	Theft	Admonished.
12 Jan. 1918	Malicious Mischief	Admonished
26 Mar. 1918	Attempted House-breaking	"
24 July 1918	Robbery	Birch Rod—8 Strokes.
19 Jan. 1920	Theft	Proceedings dropped
8 May, 1920	Theft, House-breaking	Admonished
2 Mar., 1921	Theft	Proceedings dropped
2 April, 1921	Theft, House-breaking	Proceedings dropped <i>on ground of mental defect.</i>

Comment is needless. We need only note that to prevent the continuance of this state of affairs in Scotland the Committee urge the organisation of a scheme whereby special medical examination shall be ensured in all cases of the kind and in towns with a population of, or exceeding, 150,000 the services of a specially qualified medical man shall be procured for the purpose. In the formation of the Scottish Association of Care Committees which, with the appointment of an Organising Secretary is now in full working order, lies also, we feel, the hope of better things.

Mental Tests and the Influence of Education.

Mr. Hugh Gordon, one of His Majesty's Inspectors of Schools, has been conducting an inquiry into the effects of schooling on the response to mental tests, with a view to ascertaining whether as is sometimes claimed, such tests are in no way influenced by the subject's education or lack of education.

* Annual Report of the Council, 1922. Vol. III. "Public Health." Page 95. P. S. King & Son. 2s. 6d.

† Report of an Enquiry into Juvenile Delinquency. P. 29. H.M. Stationery Office. 9d. net.

The results of the inquiry have been published by the Board of Education* and the Report contains material of great interest which no one concerned with Mental Testing in either its theoretical or practical aspect, can afford to neglect.

Mr. Gordon took as his material four groups of children, viz., children attending schools for the physically defective, children attending "Backward Classes," Canal Boat children and gypsy children, and to each group he applied the Terman Revision of the Binet Tests as well as certain scholastic tests standardised by Dr. Ballard and Dr. Cyril Burt.

In all these groups (the average physical age of which was between 9 and 10) the average mental ratio was discovered to be very low (P.D. School children, 85.5; Canal Boat Children, 69.6; Gipsy Children, 74.5; children from Backward Classes, 68.6 and 74.9) and it was found that the lower the average school attendance the lower was the ratio, except in the case of those backward children whose retardation was due to natural dullness rather than to lack of opportunity for development.

From this and other data recorded in detail in the report, Mr. Gordon arrived at the conclusion that "it is quite evident that although the mental tests used do undoubtedly test some kind of ability or abilities, such abilities are not developed without schooling or its equivalent, and as a consequence the tests do not evaluate them apart from schooling, except *perhaps* in the case of children under 6 or 7 years of age."

He notes, however, that it does not follow that because the tests used failed to reveal mental development of an *intellectual* nature the children in question therefore lacked mental development in other directions, and suggests the need of devising and standardising tests suitable for the special kind of environment in which these children live in order that some fairer estimate of their capacities may be reached.

After-Care in Home Office Schools.

The Home Office has recently issued a Circular on the subject of the provision of After-Care for boys and girls discharged from its Schools urging its necessity and outlining a scheme for its systematic operation.

The primary responsibility for such After-Care is to continue to rest with the Managers of the schools, but it is impossible for them unassisted to ensure that it is provided in every case and it is proposed that a "net-work of helpers" willing to act in conjunction with the schools shall be set up.

The Home Secretary has already secured the co-operation of a number of societies and agencies and amongst them is the Central Association for Mental Welfare which has offered its help in making provision for the After-Care of any defective, subnormal or unbalanced children for whom such care is desired.

'After-Care.' Some Recent Statistics.

The Report of the Birmingham After-Care Committee recently published contains some interesting statistics concerning the 2933 ex-Special School children of the City of whom records have been kept since the year 1903.

The percentage of cases "doing remunerative work" in 1923 was 35, as compared with 32 in the previous year. A comparative table shows that the highest

* Mental and Scholastic Tests among Retarded Children. Education Pamphlets, No. 44. H.M. Stationery Office. Price 1s. 3d. net.

number recorded in work was in 1916, when 49% were employed, the lowest in 1906 when it was only 16%.

The number of cases in Institutions has fluctuated between 2% in 1903 (when there was of course no Mental Deficiency Act) and 26% in 1915 and 1916. Since 1919 there has been a drop and in 1920, 1921 and 1922 the percentage in institutions was 16.

The Committee has records of the Marriages of 153 boys and girls of whom 64 have had families varying in size from one to 5 children.

These statistics are not of course in any way complete but they serve to indicate what would be the value of extensive and scientific enquiry into the subject, undertaken with a view to formulating a constructive policy.

The Problem of the Dangerous and Violent Defective.

In the Board of Control's Report for 1922, just issued,* there is published as an Appendix† a report of the Medical Superintendent of Rampton State Institution on the year's work which gives a vivid picture of the types of defective for whom the Institution exists and the difficulties which their care involves. Such statements as the following seem to present the problem for a moment in high relief and merit the attention of those of us who are inclined to criticise too hastily the Rampton regime. Dr. Rees Thomas states, speaking of the need for more single rooms:—

“It is necessary that patients who are subject to fairly frequent outbursts of violence should sleep alone, otherwise, as their conduct invariably acts as incitement to others, our troubles would be materially increased. Again, for reasons such as bad language, smashing propensities, constant talking and quarrelling, moral depravity, intense attachments with subsequent outbreaks of jealousy, suicidal tendencies, extreme irritability, a considerable proportion of single rooms become a necessity. Lower grade patients are markedly imitative, and their conduct reflects the vices of others, and is no real index of their turpitude.”

A continued effort has to be made to prevent too close association and it is found essential that patients should be isolated “as soon as they show any signs of undue excitement or violence.” It is interesting to note that these outbreaks are far more frequent on the female side; for the male patients seclusion is only rarely necessary.

The difficulties experienced in organising occupations are indicated in the following passages:—

“The average daily percentage of patients employed is 94. The greater majority, however, are untrustworthy and quarrelsome, which makes it necessary to employ a very high proportion of attendants to working patients.”

Great difficulty is experienced in finding suitable occupations for the female patients. Outdoor occupations available are few, while

“indoor industries requiring any marked degree of concentration react adversely on many of those employed in them and workers have to be carefully selected and gradually trained. I may instance in this connection lace-making. A number of our more intelligent patients were at first

*See page—80.

†Appendix D. Pp. 102 et seq.

employed at this work with the unfortunate result that their instability, loss of control, excitement, and violent outbreaks were exaggerated; some indeed became totally unfit for this special occupation. We new employ only those of lower grade, and although they learn the work more slowly they are less intolerant, and the concentration has a beneficial effect on their mental state and behaviour.”

On the subject of “recreation” we read:—

“As the greater proportion of our patients take any and every opportunity to escape, outdoor exercise and recreation presents many difficulties.”

Nevertheless, country walks are persisted in, and outdoor games and physical drill form part of the regular routine. Dancing and concerts are popular as indoor amusements.

Dr. Rees Thomas divides his patients into three groups:— (a) simple mental defectives, (Males 20.9%, females 5.1%); (b) mental defectives with instability (Males 26.4%, females 37.2%) and (c) mental defectives with psychosis or neuro-psychosis (Males 52.7%, females 57.7%).

He is fully alive to the fact that not only each group but each individual patient needs separate treatment, and that there is scope at Rampton for a “large expert medical staff.” Until these conditions are provided progress must be slow and it is only possible to make in certain of the most promising cases the detailed study which should be given to each of the 331 who were on the books during the year under review.

A rich field of research is lying untilled in the interests of “economy”; that in a nutshell, is the position at Rampton.

Education (Institution Children) Act, 1923.

This Act deals with the education of children who are sent by Boards of Guardians or by a Charitable Institution to a public elementary school or a school certified under Part V of the Education Act 1921,* located in an area other than that to which they belong. It provides that in such cases the Local Education Authority concerned shall be empowered to exact payment from the Local Education Authority from whose area the children come in respect of every child so educated.

In the case of Poor Law Children the “area to which they belong” shall be that in which they have a “settlement.” In the case of children in a charitable Institution it shall be taken to be:—

- (i) the area in which they last resided for 6 months (other than the Institution), *or*
- (ii) if this cannot be ascertained, the area in which they were born, *or*
- (iii) if neither of the above facts can be established such area as the Board of Education may determine.

This Act merits the attention of Secretaries to Voluntary Associations as amongst the children whom it will of course affect are defectives who are boarded out by Boards of Guardians in order that they may attend Day Special Schools.

*This is the Section of the Act dealing with the education of Defective and Epileptic Children.

Special Schools and the Board of Education.

The official view of the Board of Education with regard to Special Schools is recorded in their Report recently issued, in the following paragraph:—

“The cost of Special Schools is the main obstacle to their provision on a comprehensive scale, and the Board have had under careful consideration ways and means of reducing this cost. With this object in view they have issued a Circular (Circular 1297) in which they have formulated a revised standard of staffing. As explained in this Circular, the Board do not disparage the ideals which have been pursued in the conduct of the best of these schools; but they have been forced to the conclusion that some compromise with these ideals is necessary if, within a reasonable time, adequate provision is to be made for the children who require the special forms of education offered by Special Schools, and they believe that the balance of advantage lies on the side of making less costly arrangements for greater numbers.’ ”*

It should be noted in this connection that the Circular referred to above has met with considerable opposition from Special School teachers and soon after its issue the National Special Schools Union sent a deputation to the Board which was received by Mr. Wood, and Dr. Eichholz.

The Hon. Secretary of the Union (Mr. J. H. Hudson) opened the case for the teachers based on the contention that the efficiency of the schools was incompatible with “diminished expenditure, larger classes and dilution of the teaching staff.” He further urged that in future the Union should be consulted by the Board before any far-reaching Circulars of this kind were issued.

Mr. Dodds (London), and Miss Collingwood (Birmingham), then spoke from the point of view of teachers in M.D. Schools and Miss Lockwood (London) from that of teachers in P.D. Schools; Miss Jackson (Manchester), Miss Bennett (Birmingham) and Mrs. Swallow (London) took part in the subsequent discussion.

The Deputation received a sympathetic hearing but Mr. Wood was unable to hold out any hope that the Circular would be withdrawn. He offered, however, to consider carefully any cases in which it was felt that hardship would result and suggested that if at the end of six months the Special Schools Union had to report any cause of serious complaint the Deputation should meet him again. He emphasised the fact that any money saved by the economies outlined in the Circular would be devoted to the opening of additional Special Schools and that the Board had no intention of accepting any teachers less competent than those permitted under the existing regulations.

*Report of the Board of Education, 1921-22. Page 74. H.M. Stationery Office, 2/-.

Obituary.

We greatly regret to record the death of Mr. Ernest W. Locke, Superintendent and Secretary of the Western Counties Institutions, Starcross, which occurred on Friday, August 10th. The following account kindly sent to us by Mr. S. J. Towill, of Seafield House Institution will give our readers some idea of the value of his work for mental defectives and of the loss which their cause has suffered through his death:—

For the past 43 years he had been connected with the Institution, the last 23 of which he was Superintendent and Secretary, succeeding his father, the late Mr. William Locke who was Superintendent for 25 years. Thus the name of Locke has been synonymous with the Western Counties for nearly 50 years.

Mr. Locke was well known for his work amongst mental defectives and all who have visited the Institution must have been struck by the splendid results attained under his excellent management. He was a strong believer in manual and industrial training for defectives and the highly efficient state of the Western Counties' Institution testifies to the indefatigable efforts of his father and himself—both died in harness—the pioneer and the developer.

Under his management the Institution expanded; two wings were built, the workshops extended, an up-to-date Laundry and Recreation Hall erected, three house snear by added to the Institution to increase accommodation and Hospital Blocks added to the Boys' and Girls' sides. He was just contemplating a Recreation Hall for the Girls and the addition of a Chapel to the Male Recreation Hall. His energy was never at rest and up to the last he was actively planning improvements to the Institution and for the welfare of those in his care.

The loss of Mr. Locke is a sad blow to the Western Counties' Institution and to the cause of Mental Defect generally. Practically his whole life was devoted to the work and to the advancement of the methods of dealing with Defectives. He lies buried within the view of the Institution of which he was so justly proud, and, if any monument is needed, one had only to turn to the huge pile of buildings to see the best monument any one can leave behind—the result of his work. May he rest in Peace.

Reviews and Abstracts.

STUDIES IN MENTAL DEVIATIONS. By Professor S. D. Porteus. Vineland, N.J.: Publications of the Training School. 1922. Price \$4.

Early in 1919 Professor Porteus came from Australia to the United States to succeed Dr. H. H. Goddard as Director of the Psychological Laboratory of the Vineland Training School. His book now published brings together the results of his various researches during three years' tenure of that office. His material, however, is drawn, not only from personal investigations carried out within that period, but also from all the data amassed by the Laboratory during the past fifteen years. As he himself insists, both the Vineland School in America, and all workers and institutions throughout the world that have to deal with the mentally defective, are indebted, directly or indirectly, to the support of Mr. Samuel Fels, of Philadelphia, who, with the generosity so characteristic of his country, has financed the Laboratory throughout the years of its existence.

Dr. Porteus opens his book with a new and suggestive definition of mental deficiency: "A feeble-minded person is one who by reason of mental defects, other than sensory, cannot attain to self-management and self-support to the degree of social sufficiency." He states that he and his colleagues "have never seen a moral imbecile, meaning by that a person whose only distinguishable defect is a lack of so-called moral sense." In this his experience is in close accord with that of British psychologists. At the same time, it will be observed that his definition is specifically framed to include those extreme cases of emotional instability which certain writers in this country have proposed to denominate 'temperamentally defective.' As he himself explicitly states, the word 'mental' must for the psychologist cover and include, not only those who are defective in intelligence, but also those who are unstable in emotional disposition. He justly emphasises the risk that those who diagnose deficiency may attend too

exclusively to defects merely in tested intelligence; and adds that, while it may be difficult to over-estimate the importance of intellectual level, it is equally easy to under-estimate the importance of temperament.

Among the newer features of his book is an interesting attempt at a "social rating scale." This is a scale for estimating those temperamental qualities upon which great stress has thus been laid. By a series of successive enquiries, Dr. Porteus finds that it is possible to combine closely related character-qualities into psychological groups; and suggests that a quick and effective assessment of personality may be based upon separate estimates of seven relatively general traits—impulsiveness, excitability, moodiness, obtrusiveness, suggestibility, irresolution, and the lack of executive power. According to the correlations obtained, these component estimates are to be weighted; and the sum of the weighted results gives the final "social rating."

He also offers an original rating scale for industrial capacities, resting upon a somewhat similar scheme. Industrial capacity is to be analysed into efficiency in various simple industrial occupations; and these are weighted and marked according to the level of skill required.

Such rating scales as these should form a valuable adjunct to the data supplied by the customary mental tests. As has been so often urged in this country, psychologists of late years have been apt to neglect the method of observation and to rely mainly upon the method of experiment. Provided they are based upon a scientific plan, reports derived from observation are quite as essential and quite as trustworthy as those derived from the more usual experimental tests.

Dr. Porteus discusses in succession the applicability and value in the diagnosis of mental defect of various methods of approach—of anthropometric measurements, of the Binet tests, of his own familiar maze tests, and of a new scale for measuring educational attainments. He also describes another of his original tests which is not sufficiently well known in this country—what he calls a Form-

and-Assembling Test. This is a test which combines the good points of a form board test, a picture completion test, and a mechanical construction test. The child has to match drawings of such objects as a hammer, a pen-knife, a chair, and a tea-pot, by fitting together other drawings containing the component parts.

An instructive chapter of detailed case-histories is included in the volume. These are chiefly selected to throw light upon seeming discrepancies between various methods of diagnosis. The publication of case-histories is a valuable method of study, already familiar in other branches of medical enquiry, but too seldom employed in psychological investigation. The gradual compilation of a series of cases, both typical and anomalous, should add much to our knowledge of the mentally defective. The whole book concludes with a brief chapter emphasising the importance of individual treatment, of studying each particular defective "as a child and not as a case."

CYRIL BURT.

HERRING REVISION OF THE BINET-SIMON TESTS. EXAMINATION MANUAL. By John P. Herring. Harrap & Co., London. 1923. 5s. net.

This is, as the title indicates, still another revision of the Binet-Simon Tests of intelligence. The form of many of the tests differs but little from the original tests and the new form does not appear to have any special advantage over the old. Certain new tests are added but their significance as tests of intelligence is not very clear. In all there are 38 tests arranged in five groups, all of which, or any single group, may be administered in order to calculate the mental age of the individual by reference to a scale-table of mental age equivalent for each group.

The book is apparently intended for the use of teachers who have had no training or experience in educational psychology, and the claim is made that (presumably by the aid of this manual) "Public School teachers are as able to use individual examinations like the Herring-Binet as they are to teach reading,

and if we consider merely the process of obtaining mental ages, and certainly more so.'" This is, in our belief, a wholly untenable claim. The revision appears to be an attempt to reduce the testing of intelligence to a mere rule of thumb procedure. Hence in order to allow the examiner to adhere rigidly to his instructions, all those tests which have to be seen or read by the child are printed upside down so as to be read by the child seated opposite the examiner. Specimen answers are given to give an estimate of the range between satisfactory and unsatisfactory answers.

We cannot recommend the revision for general use, for unless the examiner is thoroughly competent and has made an adequate study of the subject, he is likely to fall into many of the pitfalls which beset the path of the inexperienced and thus to bring into disrepute the whole subject of mental testing.

G. A. AUDEN.

PSYCHOLOGY AND MORALS. By J. A. Hadfield, M.A., M.B., Ch.B. London: Methuen & Co. 1923. Pp. vii. 186. 6s. net.

Dr. Hadfield remarks in his preface that the psychologist is "in a position to speak of facts which neither the moral philosopher nor the practical pastor or teacher can afford to ignore." This is the starting-point and justification of his book, a book which is well written in an easy and informal style, and which many people will find useful and suggestive. Dr. Hadfield has seen very clearly that the application to educational practice of recent advances in psychological knowledge, particularly the psychology of the instincts and the "unconscious," involves a tacit or deliberate reconstruction of ethical theory, and that any further development of the latter must take these psychological facts into serious account. We share his sense of the ultimate significance of recent psychology for education and for morals; but we confess that, on the whole, his book tends to confirm our private doubts as to whether, on the one hand, the time is ripe for any but the most tentative

"applications," and, on the other, whether the working psychologist is the person to make them. We must admit that we distrust nothing more than the didactic temper in the psychologist. It has been a drag upon the "science" since its earliest beginnings; and this was never more marked than it is to-day. The psychologist and the moralist in Dr. Hadfield spoil each other. When he says, for instance, that the "Œdipus complex, like all other complexes, is the result of such environmental conditions. . . . Since it is the environmental conditions of early childhood which have given rise to our abnormalities of character. . . ." (p. 19), he is greatly oversimplifying the facts in the interest of practical advice. It would be convenient if the facts were so simple; but they are not. The frequent references to the sexual trauma as a principal source of neurosis, and the confusion with regard to the sexual perversions would appear to have the same origin. Dr. Hadfield remarks (p. 47) that "repressed sex may give rise to fetichism," a statement surprisingly misleading, and giving no hint of the detailed ontogenetics of the sexual instinct. This "instinct" is evidently still conceived by the author as a single psychological entity, which may be "repressed" or "sublimated" as a whole. One suspects that he has been so busy teaching people *how* to sublimate that he has not had time to find out *what* is sublimated.

And the preacher in Dr. Hadfield suffers no less injury at the hands of the psychologist than he inflicts upon him. The great doctrine of "the middle way" becomes, in fact, that of the middle *class*, middle class with the merest flavouring of bohemianism, just enough to show that our observances are voluntary, not the result of "repression." Dr. Hadfield's discussion of the problem of evil, though perhaps sound physician's sense, draws uncomfortably near banality if it is taken seriously. Not even the psychologist, the most modern psychologist of us all, can simplify life and good and evil so far. One begins to fear, indeed, whether the most subtle "self-fantasy" of all is not that of the Omnipotent Psychologist! S. S. BRIERLEY.

AN OUTLINE OF PSYCHOLOGY. By William McDougall, F.R.S. London: Methuen and Co. 1923. Pp. xi, 456. Price 12s. net.

THIS new volume of Professor McDougall's is intended as an introductory statement of psychological problems for beginning students, in terms of the author's own approved form of "purposive psychology," and is "largely a polemic" against all psychology of the mechanistic type. Professor McDougall means to catch his psychologists young, before they can have become infected with the mechanistic virus. He desires to "set their feet upon a better way," in company with the true elect.

The opening chapter had already appeared as "Prolegomena to Psychology," in the *Psychological Review*, January 1912 and has its importance not only for the learner, but as a re-iteration and further development of the point of view of the author's volume in the Home University Library, with its pregnant criticisms of "ideas" and other historical confusions. Professor McDougall's position in relation to "extreme" behaviourism and to Neo Realism is defined, the development of behaviourism in its most recent forms creating in him a desire to disclaim his own earlier definition of psychology as the study of behaviour. The later chapters of the book provide an outline survey of the main problems of psychology in the author's own terms; and it is scarcely necessary to say that the exposition has the highest degree of clarity, forcefulness, persuasiveness and sweep of comprehension, and that it is the most important statement of psychology from the given single point of view that can be put into the student's hands. It will, in fact, be an indispensable part of the future student's reading; and, as a part, invaluable. But, it must be said, that as the main nutriment of the "aspiring psychologist," its influence could not be other than pernicious. And this, not because it is a one-sided exposition, but because of the unfortunate temper which it reveals in the author and would be likely to foster in the unsuspecting reader. In his anxiety to save the students who are his pupils from the dangers of atom-

ism and mechanism and other evils, Professor McDougall seems to have forgotten his responsibilities as a serious critic to the students who are his fellows. The book is marred throughout by a lofty pontifical attitude to those who, in his judgment, err, differences of opinion being treated almost as moral perversities, and certainly as mental aberrations. Even at this date we confess to astonishment that it should be possible for any reputable author to say (p. 430) of "the popular Freudian dogma that all love is sexual," that "the main fallacy is the common one that whatever things have the same name are essentially similar. Another is that, because children are produced through the agency of the sexual instinct, therefore all interest in them is sexual." Professor McDougall presently laments this "melancholy evidence of the weakness of the human intellect." We lament with him; but go on to include in our Jeremiad, the rarity and weakness of the sentiment of intellectual honesty, and the ease with which even learned men of high standing may fall into gross misrepresentation of the views of those from whom they differ.

But the Freudian theories, it may be conceded, act as an almost universal irritant, and there is nothing very individual, even in a discreditable sense, about Professor McDougall's mis-statements here. It is left for him to achieve this form of distinction, and to offer us a truly surprising piece of self-revelation, in an incredible reference to Mr. Bertrand Russell, whose free open mind is evidently too high and rare an atmosphere for the "pur positive psychologist." Professor McDougall dismisses himself rather than Mr. Russell, when he remarks, in speaking of the mechanistic type of psychology (p. ix), "Its latest exponent, Mr. Bertrand Russell, has performed the service of reducing it to the lowest level of banality (in his 'Analysis of Mind')." S. S. BRIERLEY.

SOME CONTRIBUTIONS TO CHILD PSYCHOLOGY.

By Margaret Drummond, M.A. Edward Arnold & Co. 4s. 6d.

All workers among 'the children who never

grow up' know full well that some of the greatest problems with which they have to deal arise not so much out of the limited capacity of their pupils to acquire knowledge, but rather from their weaknesses of character and strange abnormalities of conduct. We tend to tackle these problems in a very groping fashion, each in our own way, and no doubt most of us in time develop more or less skill in dealing with them. Even the most experienced, however, will be grateful for this little book in which Miss Drummond has put at the disposal of all the results of her careful investigations into the behaviour of young children. She interprets those conduct problems largely in the light of the newer psychological theories, and by a wealth of examples from child life brings these theories within the reach of all who have the care of children.

Miss Drummond has considerable acquaintance with mentally defective children and makes occasional reference to them here. On page 122 she puts forward an interesting surmise which awaits proof by some Itard of the future. "It seems not impossible that many of the children of whom medical science can say only that they are suffering from defect of intelligence have gone beyond the danger point, have given themselves over to phantasy which is largely unconscious, or at least wordless, and have abandoned the struggle with an unyielding world."

Some of us look forward to the day when we shall be even stricter economists than we are at present: when we shall realise the waste involved in a child welfare system which safeguards bodily health while paying little heed to mental health. Meantime this book will do much to help teachers and others to recognise and deal with, at an early stage, the root causes of which deviations in conduct are the symptoms, and what is still more important, to prevent their recurrence. Most of all it will help to bring about that sympathetic understanding which will make the rough places smooth and the earth a happier place for many.

E. L. S. R.

"MENTAL HYGIENE," July, 1923. Published quarterly by the National Committee for Mental Hygiene, 370, Seventh Avenue, New York City. Fifty Cents a copy. Five Dollars a year.

The July number of "*Mental Hygiene*" should be a particularly interesting one to those concerned with the problem of mental defect as no less than six of the articles deal directly with it.

Dr. Bernstein reviews the present possibilities of "*Colony and Parole Care for Dependents and Defectives*" and gives the latest results of the method as used at Rome State School, New York. 40% of the enrolled population of this Institution are now being cared for in colonies or on parole. (In Colonies 702: on parole at home 218: on parole working 172). During 1921 there passed through the colonies 690 boys and 710 girls, a total of 1400 of whom nearly one third were found fit to proceed thence to parole and discharge. The number of colonies is now 32:—18 for boys and 14 for girls. In the 10 farm colonies the total earnings amounted to about 80% of the total costs and the 232 boys accommodated in them thus earned enough to cover the entire cost of their housing and a large part of the cost of their maintenance. At three of the girls' colonies the inmates are employed in mills in the neighbourhood and it is recorded that a manager of one of the mills concerned waxed enthusiastic over the reliability and industry of his "colony girls," and stated that their output was at least 75% as efficient as that of the normal workers.

Dr. Bernstein declares that "the whole character of the school has changed as a result of our colony and parole policy. Our former policy of custody for life for as many cases as possible inevitably had a depressing, disheartening effect upon our patients, resulting in an atmosphere of hopelessness and listlessness that had its effect in turn upon employees and officers. An entirely different attitude of hopefulness and cheerfulness has been brought about in both patients and employees by the knowledge that a chance to return to

the community through colony life and parole is open to all with the exception of cases of extremely low-grade intelligence and depraved and chronic delinquents."*

A rather despondent article on "*More Community Aspects of Feeble-mindedness*," by Gordon Hamilton (Secretary, Sub-committee on Feeble-mindedness, Charity Organisation Society, New York City) deals with the experience of the New York C.O.S. in supervising defectives who have *not* had any special preliminary training in an Institution, pointing out how full of difficulties the work is, and how sorely those who are wrestling with it feel the need of more knowledge and skill.

In an article on "*The Classification of Mental Defectives*" Dr. Howard Potter, (Clinical Director, Letchworth Village, Thiells, New York), contends that the present classification does not adequately represent the state of our knowledge on the subject, and puts forward a new classification more in touch with demonstrated facts. His five main groups are, "Idiots," "Imbeciles," "Morons," "Mentally Defective" (unclassified), "Mentally Defective with Psychosis," and "Not Mentally Defective," and each group he subdivides into three—Neurologic Type, Endocrinopathic Type and Idiopathic Type. Further he puts forward definite criteria for classifying in this way. He regards his scheme as purely tentative but considers nevertheless some method of the kind must sooner or later be adopted if further progress is to be made in our knowledge of mental deficiency. We cannot continue to work with such "large heterogeneous units as the idiot, the imbecile and moron groups."

Another interesting article is one reporting the results of a "*Study of One Hundred Feeble-minded Girls with a Mental Rating of Eleven Years or Over*" made by the Superintendent of Wrentham State School, Mass. The purpose of the survey was to answer the question "What brought these girls to the institution? Why should girls of this mental rating be confined in an institution when our observation compels us to believe that many indivi-

duals no better endowed with mental ability are apparently making good in the community?"

Each girl was studied from three viewpoints:—(1) That of her reactions during daily life in the Institution, (2) that of her history before coming there, (3) that of her family history, and observations were made as to (a) temperament and disposition, (b) morality and habits, (c) social relationships, (d) nature and quality of work. Detailed statistics are given in the report revealing the wide prevalence amongst the girls studied of temperamental instability and uncontrolled impulses, and of unsatisfactory family records. The writer is therefore constrained to believe that their need for institution care is due not merely to subnormal mentality but to a general "faulty make-up" which prevents proper adjustment to social requirements.

Finally, an article entitled "*The Defective Child—What can be done for it?*" by Nellie L. Perkins (Psychologist and Resident Doctor, Wayne County Psychopathic Clinic, Detroit) outlines a program for the proper care and training of mentally defective children, the scheme including the provision of facilities for diagnosis, special classes, schools and institutions, and adequate supervision by a personnel of "especially trained workers who are temperamentally suited to handle the defective."

BESFORD COURT CATHOLIC MENTAL WELFARE HOSPITAL FOR CHILDREN. SIXTH ANNUAL REPORT.

Besford Court is an Institution in Worcestershire for feeble-minded boys, certified by the Board of Education, the Board of Control and the Home Office and under the direction of that strenuous worker for mentally defective children, the Right Rev. Monsignor Newsome.

Its Sixth Annual Report is an attractive document containing many photographs and a graphic account not only of the year's work but of the principles—ethical and intellectual—which have animated it.

Thus in a section headed "*The Philosophy*

of Mental Defect." Mgr. Newsome reveals what is perhaps the secret of the Home's success. "Every case," he maintains, "however defective, however burdensome to the community, however repulsive, is defective only as regards the body and its organization and not as regards the soul. Resident in that body as in a ruined temple, there is a human personality with all the dignity that pertains to a human person and with undiminished rights and privileges. Since society exists to protect individuals, it follows that the needs of such a defective being greater than that of a normal person he has a greater claim upon the compassion and protection of the human society of which is he a member."

For the policy of educating defectives in *Day Special Schools* Mgr. Newsome has little sympathy; indeed he sweepingly condemns it as "useless and wasteful." He does not however advocate, as the alternative, "permanent care", but considers that after long and careful training in a specially adapted environment the high-grade defective should have every chance of making good in ordinary life and states that a "large proportion" (it would be interesting to have further details on this point) of Besford Court Boys are now doing so. He points out however that there are always some cases who, being sent to the Home as late as 12 or 13, are not ready for discharge at 16, and who urgently need a longer period of training. For these boys it is hoped later to provide in an "industrial Colony" but at the moment only a very few can be retained.

The Report emphasises that it is for the *high-grade* defective that Besford Court is primarily intended and although at first low-grade cases were received these have now been gradually transferred to other Homes. It is now possible, as a result, to plan the educational work to meet the needs of the high-grade cases in a way which before was difficult and a special department has been opened for boys over 13. Organised games are given a prominent place in the curriculum and a photograph of the "First Eleven" included in the Report is a striking testimony to what has been achieved in this direction.

A Report such as this should be placed in the hands of every parent to whom the idea of "an Institution" is fraught with fear and foreboding for we know that such devoted work as it records is now being done by many other Homes and Institutions up and down the country and its significance and value is thereby enhanced.

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The Executive Committee of the Association met (again by kind invitation of Miss Dale), at 63, Eccleston Square, London, S.W., on September 8th. Miss E. Turner, Matron of the Royal Eastern Counties' Institutions, was elected a member of the Association.

The Committee also drew up a constitution to meet the developments of the Association, which will be submitted to the next general meeting for approval. The name suggested is "*Association of Mental Welfare Workers*" and it is judged advisable to include as members, almoners or visitors employed in connection with mental hospitals, psychiatric clinics or other centres for the treatment of mental disorders or in mental after-care work. This is in addition to such other workers actively engaged in any recognised form of mental welfare who are approved by a two thirds majority of the Executive Committee.

Discussion took place on the hardship involved when defectives on leave of absence have to be recalled long distances to the institution so that the special medical report may be made for the renewal of the order. It was decided that the Board of Control be asked to consider the advisability of providing alternative machinery for the renewal of orders of defectives in the area in which they are residing.

At the general meeting of the Association on July 9th it was resolved that leave of absence should not be granted to mental defectives under Order without the consent of the authority liable for maintenance. It was decided that this resolution be forwarded to the Board of Control and also to secretaries of local associations for submission to their respective local authorities.

By resolution of the Association a scheme for a study circle has been sent out by Miss Hargrove, Miss Laxton and Miss Townsend (the latter acting as leader of the circle). This scheme is about to be circulated to members of the Association and it is hoped that a substantial number will join.

The next meeting of the Executive will be held on Saturday, November 3rd, at 2-30 p.m.

